AFFIDAVIT OF CUSTODIAN OF MEDICAL RECORDS

STATE OF MISSISSIPPI COUNTY OF HINDS

In response to the attached request, please find copies of the medical records on:

Michael Prince, gr. # 1220154

I, <u>Leigh Williams</u> am the duly authorized custodian of the medical records of the University of Mississippi Health Care, and as such have the authority to certify the attached medical records. The records attached hereto, constitute a true and correct copy of the medical records at the University of Mississippi Health Care. The attached records were prepared by the personnel of the University of Mississippi Health Care, staff physicians, or person acting under the control of either, in the ordinary course of hospital business at or near the time of the hospitalization reported therein.

And further affiant saith not.

Medical Records Custodian

SWORN TO, AND SUBSCRIBED before me this the ____

day of

NOTARY PUBLIC



ATTORNEYS AT LAW

May 21, 2013

81782274

VIA CERTIFIED MAIL

The University of Mississippi Medical Center

ATTN: Health Information Services 2500 North State Street Jackson, Mississippi 39216

Michael Prince, Jr.

DOB: 05/12/1990

22015

Dear Sir or Madam:

Please be advised that this office represents, Michael Prince, Jr., for personal injuries he sustained on March 17, 2012. Michael Prince, Jr., was treated by one or more of your facilities for those injuries. I am requesting a copy of any and all records in your possession, including but not limited to any X-Rays or MRI's for Michael Prince, Jr., from March 17, 2012 to present along with an Affidavit of Custodian. I have enclosed an Authorization for Release of Medical Information. Please include an itemized bill for any an all services from March 17, 2012 to present.

If you require prepayment for these records, please notify me at the address listed below and I will gladly forward the same. Please expedite this request, if the is a fee for expedition please advise me.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Dorok Q. Hall, pllo

Cebrina Lloyd Legal Assistant

Cc: File Enc.

Mone | 601.981.4450 for | 601.981.4717 count | derek@dlhattorneys.com

MEDICAL RECORD AUTHORIZATION

Patient Name: Date of Birth: Social Security	Michael Prince, Jr. 5/12/90 Number: XXX-XX-6731		
1.	I authorize (name of health care provider) WHY (XXXIV) IT WE information specific to the following the state of the specific to the following the specific to	Medical Center ng date or time period: through the	to disclose my health present date.
2.	ladividual or entity authorized to r	receive my health information:	
	DERE 17 Jackson Tel. Fax.	Derek L. Hall K L. HALL, PLLC 64 Lelia Drive I, Mississippi 39216 (601)981-4450 (601)981-4717	
3.	Purpose for which disclosure is to		
4.	information to be disclosed: (checi	• • • •	
		ecord (all information) to the above	named recipient.
	Discharge Summary DEmergency Room Report Pathology Report UTranscribed Hospital Reports	OHistory & Physical Exam Laboratory Report Consultation(s) Clinician Office Chart Notes	11Operative Report CRadiology Report CEKG Billing Statements
	OOther:		
*Lunde	erstand that this will include health in	formation relating to (check only if	applicable):
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5.	i understand that if the person(s) or provider or a health plan covered by may be redisclosed and is no longer		ation is not a health care formation described above
6.	I understand that I may inspect or n authorization. It is my understandir signed below unless revoked earlier	equest copies of any information dis ag that this authorization will expire	sclosed by this in 90 days from the date
7.	I understand that I may revoke this a Department, or similar Records Cus not be subject to my revoke request.	authorization by notifying, in writing todian, knowing that previously dis	g, the Medical Records closed information would
8.	I understand that I may refuse to sig my ability to obtain treatment, paym	n this authorization and that my refi ent or my eligibility for benefits.	usal to sign will not affect
M M Co Signature of Patie	Journal of Patient's Legal Representative	5-21-13	
M. chael	Prince Jr.	Pate	
rrint Name of Pat	ient or Legal Representative	Legal Representative's Rel	ationship to Patient

Case: 4:13-cv-00165-SA-JMY Doc #: 78-7 Filed: 06/30/14 4 of 144 PageID #: 1088 Invoice #: 012939

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DEREK L HALL DEREK L HALL ATTY AT LAW 1764 LELIA DR JACKSON, MS 39216 Records from:

UNIVERSITY OF MS MEDICAL CENTE 2500 NORTH STATE STREET JACKSON, MS 39216

Requested By: DEREK L HALL ATTY AT LAW

DOB:

051290

Patient Name: PRINCE MICHAEL

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ATTN: MEDICAL RECORD DEPARTMENT
UNIVERSITY OF MS MEDICAL CENTE
2500 N STATE ST
JACKSON MS 39216-4500

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ATTENTION

Confidential information enclosed. To be viewed by authorized persons only.

If you have questions regarding any information you have requested, Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

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If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

ED Provider Notes

Michael Prince (MR# E1190134)

ED Provider Notes Info

Author Historical Provider, MD Note Status Signed Last Update User Transcription Conversion Edi Last Update Date/Time 5/31/2012 5:15 AM

ED Provider Notes

Vital Signs: BP: 137/86. T: 36.7 degrees C orally. P: 52. R: 16. SAO2:

100 % on room air.

Height: 5 ft. 6 in. (167.6 cm) Weight: 145 lbs (66. Kg). BMI: 23.

This patient left the emergency department prior to being seen. The first time that the patient was noted to be absent was 22:10.

ED Provider Notes

Michael Prince (MR# E1190134)

ED Provider Notes Info

Author Historical Provider, MD Note Status Signed Last Update User Transcription Conversion Edi Last Update Date/Time 5/31/2012 5:15 AM

ED Provider Notes

Vital Signs: BP: 128/81. T: 36.8 degrees C orally. P: 61. R: 18. SAO2:

100 % on room air. RESIDENT NOTE 05:17 PM 3/17/2012

Patient walked into the emergency department. Source of history: Patient. CHIEF COMPLAINT: 21 year old male who presents with a complaint of mild swelling of the left eye.

HISTORY OF PRESENT ILLNESS:

Timing: The symptoms began last night. The patient states that he was in an altercation with a friend who called the police. Once the police arrived at the scene the patient fled. The police ran down the patient and according to the patient " the police hit him in the eye with a flashlight." At that time his vision was blurry in his left eye. He was taken to an OSH in Greenville were he had a CT of his head which showed. no acute fracture, but did have medial deviation of the left potic nerve within the orbit with no evidence of retro orbital hematoma. Patient states that the OSH told him that he needed to be transferred to UMC last night, but instead he was taken back to jail where he was later released this am. Patient presents to ER with his father. Currently he complains of left eye swelling and tenderness laterally around orbit. Denies any pain, pain with ocular movements or blurry vision. Last night patient states that his eye was completly swollen shut, but today is much better and not completely shut. Patient also complains of his bottom middle 2 teeth were chips in the altercation last night along with his left middle finger being injured and he is currently complaining of decreased ROM of that finger. No pain while at rest, but made a little worse with ROM. PMH:

Medical History: Negative for diabetes. Negative for hypertension. He has a history of seizures in the past, but has not had a seizure or taken any seizure medications since he was in the 5th grade.

SOCIAL HISTORY:

He smokes 1 ppd. He drinks beers per day.

ROS:

Other than the complaints discussed above, the patient reports the following:

General: No chills. No fever. Denies sweats. Denies weakness. Skin: No lesions. Denies rash.

HEENT: No blurred vision. No change in voice. No decreased visual acuity. No head injury. Denies ocular pain. Denies sinus pain. Denies sore throat. No headache. No epistaxis. No diplopia. Bottom teeth chiped. Head: The patient has had a head injury. The head injury occurred abruptly last night. The injury involved the left orbital region.

Eyes: No blurred vision. No decreased visual acuity. Denies ocular pain. No diplopia. He has complained of photophobia.

Mouth \T\ throat: No change in voice. Denies mouth ulcers. Denies sore throat.

Respiratory: No cough. Denies chest pain. Denies hemoptysis. Denies shortness of breath. Denies wheezing.

Cardiovascular: Denies nausea and vomiting. No edema. No chest pain.

Denies hypertension.

Gastrointestinal: No abdominal pain. No constipation. No diarrhea.

Denies nausea. Denies vomiting. Denies hematemesis.

Musculoskeletal: Complains of mild tendemess over left palmer aspect of middle finger with decreased ROM.

Neurologic: No memory loss. No numbness. No paraplegia. No paresthesias.

Denies weakness. Denies lightheadedness.

PE:

Constitutional: Well hydrated with good color.

Head: Mild swelling of left eye laterally over upper and lower eyelid which is tender to palpation.

Eyes: Anicteric sclera, pupils round and equal, extra-ocular muscles grossly intact. No decreased visual acuity. 20/20 vision in isolated right and left eye and when both eyes tested at the same time. No pain with ocular movements. There is some bright red hemmorage over left eye conjunctivae laterally with some edema noted.

Mouth \T\ throat: Mucous membranes moist.

Cardiovascular: Regular rate and rhythm, normal S1, S2. No rubs, murmurs or gallops.

Chest/Respiratory: Lungs clear. Normal respiratory effort.

Abdomen/GI: Soft. No tenderness or masses. No hepatosplenomegaly. Neurologic: Awake, alert, normal speech, cranial nerves grossly intact, moves all extremities without difficulty.

Musculoskeletal: Extremities with symmetrical motion and strength. No peripheral cyanosis.

Integumentary: Normal skin turgor, no lesions or rash.

TREATMENT \T\ COURSE:

CT from OSH was uploaded and did show fo acute fracture, medial deviation of the left optic nerve.

Spoke with on call radiology who thought that there was no injury to optic nerve seen on CT being that he has no decreased visual acuity. Given 600mg Motrin PO

ASSESSMENT:

- 1. Eye redness 379.93
- 2. Eye trauma

DISPOSITION/PLAN:

Patient discharged in improved condition. Patient given a script for Motrin to use for pain. Patient told to return to ER if he develops ocular pain with eye movements, loss or blurry vision. Patient told to follow up with his primary doctor in 1-2 weeks time.

The resident portion of this patient's evaluation, treatment and documentation was performed by Dr. B. Hierlmeier.

The staff physician for this patient was Dr. Tollefson.

Electronically signed by:

ED Provider Notes

Michael Prince (MR# E1190134)

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Author Historical Provider, MD Note Status Signed Last Update User Transcription Conversion Edi

Last Update Date/Time 5/31/2012 5:15 AM

ED Provider Notes

Vital Signs: BP: 128/81. T: 36.8 degrees C orally. P: 61. R: 18. SAO2:

100 % on room air.

ATTENDING PHYSICIAN NOTE

05:52 PM 3/17/2012

The resident history and physical exam and the patient treatment course were reviewed. I agree with the findings except where they differ from those that I have personally documented below. The resident who saw this case with me is Dr. B. Hierlmeier.

CHIEF COMPLAINT: 21 year old male who complains of pain to the right eye resulting from an altercation with the police. Last night he was hit around the left eye area with a flashlight. He was taken to Greenville Hospital where a CT scan showed no fractures but there was some swelling and mild displacement of the optic nerve. He was jailed overnight and released this morning. His father brought him here with a copy of the CT scan. He states that his vision is much better this morning and has no complaints. PE:

Constitutional: Alert, well nourished, good color. Head: Mild left periorbital swelling \text{\text{T}\ tendemess.}

Eyes: PERRL. EOMI.

Left eye: Lateral subconjunctival hemorrhage.

TREATMENT \T\ COURSE:

Consult: Consulted with the Ophthalmology Service. CT reviewed by our radiology who saw no abnormality. No visual problems.

ASSESSMENT:

1. Contusion of the eye 921.9

Subconjunctival hemorrhage 372.72

DISPOSITION/PLAN:

Patient discharged in good condition. Seek medical care immediately if symptoms worsen.

The attending physician portion of this chart was documented by Dr. Robert Cox.

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Consent for Treatment, Authorization to Release Medical Information, Assignment of Insurance Benefits for Hospitals and Physicians, and Patient Self Determination Act Checklist

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize University of Mississippi Health Care or my attending physician or any contractor on behalf of University of Mississippi Health Care to release or disclose information from my hospital medical record pertaining to this hospitalization, in accordance with the policies of this hospital, to insurance companies and/or hospital benefits programs as needed to process this claim.

AUTHORIZATION TO PAY INSURANCE BENEFITS: I hereby assign payment directly to University of Mississippi Health Care and/or to my physicians, benefits payable to me but not to exceed the hospitals or physicians regular charges for this period of hospitalization. I understand that I am financially responsible for charges not covered by this authorization.

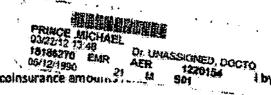
FINANCIAL AGREEMENT: For services rendered, I, the undersigned, agree to pay all professional and hospital charges not covered by insurance. I also agree to pay all attorney and/or collection fees necessary for the collection of payment.

MEDICAID PATIENT CERTIFICATION: I certify that I am a recipient of the Medicaid Title XIX program and request that payment of authorized benefits be made on my behalf. I authorize any holder of medical or other information about me to make available to the Division of Medicaid any requested information concerning medical, insurance and financial records related to my hospitalization. I assign the benefits payable for services rendered to the physicians or organization furnishing such services.

STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIAN, AND PATIENT:
I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. Lauthorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for services rendered to the physicians or organization furnishing such services.

NOTICE TO BENEFICIARIES OF COINSURANCE LIABILITY: When services are provided in hospital departments, the beneficiary will receive a hospital bill and will receive bill(s) from any physician providing professional services. The beneficiary/guarantor will be responsible for coinsurance amounts relating to services billed by the hospital and for coinsurance amounts relating to services billed 'separately by the physician(s). When services are provided in private physician offices or other non-

1 of 2 MRO#763-Approved 10/2011



hospital clinics, the beneficiary is responsible only for colnaurance amount and solution the physicians.

CONSENT FOR TREATMENT: The undersigned authorizes physicians and University of Mississippi Health Care to furnish medical and surgical treatment deemed appropriate including intravenous solutions, blood transfusions, local, general, and regional anesthetics, antibiotics or other drugs deemed necessary. I am aware that adverse unforeseen reactions can occur and may even result in death. I authorize the hospital and my physicians to take photographs, videotapes or other images of me or parts of my body while under the care of the hospital for use in medical evaluation, performance improvement, or research.

I hereby authorize The University Hospitals and Health System and its medical staff: to preserve, use or disclose, or share for scientific or teaching purposes, including research; to use in grafts or transplants upon living person(s); or to otherwise dispose of dismembered tissue, blood, saliva, parts and the like.

RETIREMENT/DESTRUCTION OF X-RAYS: I hereby authorize University of Mississippi Health Care to follow the usual hospital practice of retiring X-ray films and any other graphic data which may be generated during patient's hospitalization four (4) years after they are generated if a report of the findings is retained for the same period as other hospital records. Further, I hereby release and hold harmless University of Mississippi Health Care, its officers, staff and employees, from any liability connected with this procedure.

<u>VALUABLES</u>: The undersigned hereby releases the hospital from any responsibility due to loss or damage of any valuables that the patient may keep in his/her possession or that may be brought to him/her by other persons.

PATIENT	Has the patient executed as Advance Directive?	YES	CL NO
SELF	Has the Advance Directive information been provided to the patient?	YES	-ET NO
DETERMINATION	Is the Advance Directive in the patient's medical record?	YES	<u>-⊞-₩0</u>
ACT .	Do you want to discuss Advance Health Care Directives with someone?	YES	- How
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Signature of Patient or Guardias / Date

Signature of Insured / Date



Leaving Before Medical Evaluation-Treatment

Completed: • LWB5 • Elopement • AMA • Refusal of Care

ALBITA HATELER

PRINCE , MICHAEL 03/22/12 13:46

Dr. UNASSIGNED, DOCTO

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Complete applicable section (1 or 2) only	
Left Without Notification to Staff (LWBS) or Elopemei The patient bas: [2] LW85 [1] Eloped	
2 Date: LITTAT Time:	Signature: Signature:
Searched WR Overhead Paged 1	Outside Other
Additional actions taken: (as needed) Camp	in dd yy military
Leaving Against Medical Advice (AMA ³) / Refusal of C This patient is leaving AMA despite being encouraged to stay for furth I have explained the hospitals obligation to provide a medical screen capability and capacity, and/or an appropriate transfer to another fac	her examination and treatment sing examination, stabilizing treatment within the hospital's
· Bessur(s) for leaving:	
The patient has been advised of the risks of leaving and benefits of remiestamination and treatment. The risks and benefits include: Potential threat to life, lirab, end/or salety; including death or perma Other: is pecific to presenting complaint. This patient is refusing treatment. Type of Refusal (may usark more than one) Refused all care offered/recommended Refused part of the car AMA* The patient/guantian chances to discontinue therapy against relytice of m	re offered/secommended [] Refused other
Patient Acknowledgement You have been advised to stay for further examination and treatment, P Department if your symptoms parsist or worsen.	lease follow up with your provider or return to an Emergency
I understand the nature of the proposed case and I fully comprehend the voluntarily leaving the hospital. I understand the hospital has an obligate stabilizing treatment within the hospital's capability and capacity, and/outside an emergency medical condition. However, I refuse such service potentially involved in this refusal and/or the possible benefits of continue competent and authorized to make said refusal.	tion to provide me with a medical screening examination, or an appropriate transfer to another facility if necessary to set I have been informed of the risks and consequences
I do forever release and give up any claim, demand or action against UM control authority, or medical facilities involved, and do hereby covenant claim, demand, loss or action for any alloged act or omission in the care helps, executors and assigns. I hereby forever release the physicians, hos ill effects that may result from my refusal of further medical examination	t and agree to hold such persons and entities harmless from any In compliance with this refusal. This release is binding on my spital, it's employees, and agents from all responsibility for any
Exam/Treatment refused: Admission ED work up Other To be completed b	by physician or nurse
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Patient/Suardian Signature or Refused to sign	Printed Name Relationship if not passers

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University of Mississippi Health Care

University Hospitals and Health System

Jackson, MS

Doctor's Order Form

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Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 22 of 144 PageID #: 1106

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Page 4 of ti

Case: 4:13-cv-00165-SA-MV Doc #: 78-7 Filed: 06/30/14 23 of 144 PageID #: 1107

PRINCE MICHAEL

3 03/7/12 14:25 Dr. UNASSIGNED, DOCT18173124 EMR AER 12:20154

05/10/1990 21 M MD1

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PRINCE MICHAEL
03/17/12 14:25 Dr. UNASSIGNED, DOCTOR
18173:24 EMR AER 1220154
05/12/1990 21 M M61

Emergency Services

INSTRUCTIONS TO PATIENT

(Please Read Carefully)

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In addition, x-rays do not always show disease or injury; it is possible, for example, for a fracture not to be evident on the first x-ray. We strongly advise that you contact your regular physician or dentist for the clinic listed below) for a "follow-up" wait. It is especially important that you seek additional care, here or elsewhere, it symptoms persist or worsed. DATE TIME AM/PM You have received a copy of these instruction sheets. O Abdominal Problems ☐ Eys Problem ☐ Nosebleeds Urinary Tract Infection D Vomiting and Diamhea amrtaA D C Fever 2 Pelvic Pain O Wound Care O Back Strain ☐ Genital Infection O Soraio, Fracture, Bruise ☐ Telenus/Diphtherla Other: O Buen C Head Injury C Threatened Miscarriage O Cold O High Blood Pressure ☐ Throat Culture/Strep Throat 2 Neck Strain Q Ear Infection MEDICATIONS DISCHARGE DIAGNOSIS: I Take them only as directed. Pain pills and sedatives may make you drowsy, do no use dangerous machines, drive a car or drink alcohol white using them. a follow up with your local doctor or select one from the list provided. Return to the Emergency Clinic as scheduled. O Follow up with the Department in C) An appointment for clinic has been requested, if you do not hear from them in 48 hours, call ER Scheduling et (601) 984-5580 for assistance. Physician's Signature (M-F, 8:00 am to 5:00 pm) in signing below, I show that I have received and understood these instructions. I understand that I have received emergency care for my problem only and that I may still need "follow-up" care. CERTIFICATE OF RETURN TO WORK OR SCHOOL PRINCE, MICHAEL was seen at University Hospital on and should be able to return to work or school on D Self O Other Parent Imitations/Femarks: M.D. Telephone 03/17/12 14:25 Date UMC #1828C (6/2008)

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 26 of 144 PageID #: 1110



PRINCE , MICHAEL 03/17/12 14:25 Dr. UNASSIGNED, DOCTOR 18173124 EMR AER 1220154 05/12/1990 21 M M01

Emergency Department and Outpatient Medication Reconciliation

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ATTENTION

Confidential information enclosed. To be viewed by authorized persons only.

If you have questions regarding any information you have requested, Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 28 of 144 PageID #:



ATTORNEYS AT LAW

April 12, 2013

VIA CERTIFIED MAIL

✓ Delta Regional Medical Center ATTN: Records Department 1400 East Union Street Greenville, Mississippi 38703

> Michael Prince, Jr. Re:

DOB: 05/12/1990

Dear Sir or Madam:

Please be advised that this office represents, Michael Prince, Jr., for personal injuries he sustained on March 17, 2012. Michael Prince Jr., was treated by one or more of your facilities for those injuries. I am requesting a copy of any and all records in your possession, including but not limited to any X-Rays or MRI's for Michael Prince, Jr., from March 17, 2012 to present along with an Affidavit of Custodian. I have enclosed an Authorization for Release of Medical Information. Please include an itemized bill for any an all services from March 17, 2012 to present.

If you require prepayment for these records, please notify me at the address listed below and I will gladly forward the same. Please expedite this request, if the is a fee for expedition please advise me.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Dorok L. Hall, pllo

Molly B. Poble Associate Attorney

Cc: File Enc.

1911 Dunbarton Drive, Jackson, MS 39210 - dlhattorneys.com

Prince-Delta Regional 000002

MEDICAL RECORD AUTHORIZATION

Patient Nam Date of Birth Social Securi	
I.	I authorize (name of health care provider) Legisland Market Company to disclose my health information specific to the following date or time period: through the present date.
2.	Individual or entity authorized to receive my health information:
	Derek L. Hall DEREK L. HALL, PLLC 1764 Lelia Drive Jackson, Mississippi 39216 Tel. (601)981-4450 Fax. (601)981-4717
3.	Purpose for which disclosure is to be made: Litigation
4.	Information to be disclosed: (check all that apply)*
	Please send the entire medical record (all information) to the above named recipient.
	Discharge Summary Emergency Room Report Pathology Report Pathology Report Transcribed Hospital Reports History & Physical Exam Laboratory Report Possible Physical Exam Radiology Report Possible Physical Ex
	fiOther:
*I und	erstand that this will include health information relating to (check only if applicable):
	HIV (human Immunodeficiency Virus) Infection Treatment for alcohol and/or drug abuse Mental Health Genetic Testing
5.	I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.
6.	I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.
7.	l understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.
8.	I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.
Moha	I Cource of ?
Michiel	ent or Patient's Legal Representative Date
rime traine of Pat	tient or Legal Representative Legal Representative's Relationship to Patient

AFFIDAVIT BY CUSTODIAN OF MEDICAL RECORDS

STATE OF MISSISSIPPI COUNTY OF WASHINGTON

The undersigned being duly sworn does state on oath as follows:

- 1. That he/she is the duly authorized custodian of the medical records of DELTA REGIONAL MEDICAL CENTER and has the authority to certify said records.
- 2. That the within and annexed are true and correct copies of medical records of Michael Prince JR. _____, which appear to the undersigned to be described in the request for medical records.
- 3. The within and annexed records were prepared either by the personnel of DELTA REGIONAL MEDICAL CENTER or its staff physicians or by persons acting under the control of either of them, in the ordinary course of business at or near the time of the act, condition or event reported therein.

I certify these statements to be accurate and correct.

Sworn and subscribed before me this 17 H day of Opil, 2013.

My Commission Express 12/24/16

Bevely Brown Carlyte

Nature Public



1400 East Union St. PO Box 5247 Greenville, MS 38704-5247

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Location: D1SE

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION:

SIGN INFORMATION:

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Coding Summary 03/17/2012 07:35 Transcribed

CODING DATE: 03/23/2012 Delta Regional Medical Center FINAL

ADMIT DX:

784.1 THROAT PAIN

729.81 SWELLING OF LIMB

REASON FOR VISIT DX:

FINAL DX. PRINCIPAL:

473.9 UNSPECIFIED SINUSITIS (CHRONIC)

SECONDARY:

959.8 OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING MULTIPLE

OTHER ACCIDENT CAUSED BY STRIKING AGAINST OR BEING STRUCK ACCIDENTALLY BY OBJECTS OR PERSONS WITH OR WITHOUT SUBSEQUENT FALL

E849.9 ACCIDENTS OCCURRING IN UNSPECIFIED PLACE

PYMT

PROC APC STAT DESCRIPTION

DOCTOR NAME

DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 1 of 28

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 32 of 144 PageID #: 1116

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Coded By: Zuniga, Jennifer Date Saved: 03/23/2012 08:35

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 2 of 28

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Discharge Summaries

Document Type: ED Patient Summary
Service Date/Time: 03/17/2012 07:35
Result Status: Auth (Verified)

Performed Information: Johnston, Adam (03/17/2012 07:35)
Signed Information: Johnston, Adam (03/17/2012 07:35)

ED Patient Summary

Delta Regional Medical Center Patient Discharge Instructions

Name: PRINCE JR, MICHEAL Current Date: 03/17/12 07:35:15

DOB: 5/12/1990 12:00 AM **MRN**: M18-84-54 **FIN**: 000145678

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 335-5755

Primary Care Provider:

Name: Phone:

Discharge Diagnosis: Sinusitis 473.9

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHEAL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 3 of 28 Print Date/Time: 04/16/2013 08:21

Delta Regional Medical Center

Report Request ID: 5227027

Patient: PRINCE JR, MICHMRN: M18-84-54 FIN: 000145678 DOB/Age/Sex: 05/12/1990 Location: D1SE		Male	Admit:	Bearry MD, John F 03/17/2012 03/17/2012	Houston
		Discharge	Summarie	es	and the second
Prescriptions					
New Medications					
None					
Medications to Continue	Taking Th	at Have Change	ı		
None					
Medications to Continue	with No C	hanges			
carbamazepine (Tegr	etol) , 4 tim	es a day, Refills: (C		
phenobarbital , Refil	ls: 0				
phenobarbital , Refil	s: 0				
No Longer Take the Foll	owing Med	ications			
None					
Contact Your Physician i	Prior to Tal	king the Followin	g Medicati	ons	
None					
I, PRINCE JR, MICHEA nave verbalized underst	AL, have re anding:	ceived the attacl	hed patien	t education mat	erials/instructions and
Patient Signature	Date	e Pro	vider Signa	ature	Date
Patient education mater Prescription leaflets, if		•	pelow		
LEGEND: a-Abnormal, C-	Critical, L-Lov	w. H-High. #-Correc	ted R-Recu	It Comment A lete	on Data (A) Defense

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Prince-Delta Regional 000008

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Admitting: Bearry MD, John Houston

Admit:

03/17/2012

Male

Discharge: 03/17/2012

Discharge Summaries

Document Type: Service Date/Time: Result Status:

Location: D1SE

Performed Information: Signed Information:

ED Clinical Summary 03/17/2012 07:35 Auth (Verified)

Johnston, Adam (03/17/2012 07:35) Johnston, Adam (03/17/2012 07:35)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHEAL

MRN: M18-84-54 FIN#:000145678

PHYSICIANS

Admitting Physician: Bearry, John Houston Attending Physician: Bearry, John Houston

PCP:

Discharge Diagnosis: Sinusitis 473.9

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol), 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 36 of 144 PageID #: 1120

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

FIN: 000145678 DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Discharge Summaries

phenobarbital, Refills: 0 phenobarbital, Refills: 0

DISCHARGE INFORMATION Discharge Disposition:

Discharge/Transfer to Other HC Fac

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 37 of 144 PageID #: 1121

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admittin

Admitting: Bearry MD, John Houston

Admit.

03/17/2012

Discharge: 03/17/2012

Location: D1SE

ED Physician Record

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 7 of 28

MRN: M18-84-54 FIN: 000145678

' Auth (Verified) '

Emergency Department Provider Documentation Addendum

Facility Name: DELTA REGIONAL MEDICAL CENTER

Patient Name: PRINCE JR, MICHEAL

DOB: 5/12/1990

Date Of Service: 03/17/2012

Facility MRN: M188454

Facility Account Number: 000145678

Encounter #: 31759040

Non-Physician Provider Signature Missing

By signing, I verify that I treated this patient on the date of service noted above.

1

Additional documentation or clarifications

Electronically signed by Thomas, Lesia NP (193766) 4/23/2012 9:37:26 PM

Generated on, 4:23/2012 9,38;14 PM

Page 1 of 1

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

FIN. 000145678 DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note 03/17/2012 04:20 Auth (Verified)

Dubose, Myrna (03/17/2012 04:20) Dubose, Myrna (03/17/2012 04:20)

ED Triage Adult Entered On: 03/17/12 4:26 CDT Performed On: 03/17/12 4:20 CDT by Dubose, Myrna

Triage

Chief Complaint/

Mechanism of Injury: hit in face with a flashlight, teeth chipped up and left eye swollen

unablee to straighten fingers out on left hand, coughing up blood Reason Unable to Obtain Current Visit Information: None

Mode of Arrival . Police

Pain Symptoms Yes, able to self report

Vital Signs: Yes ED Condensed

Treatment & Assessment: Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Diagnoses(Active)

Eye pain

Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Eye pain; Classification: Medical; Clinical Service: Non-Specified; Code: SNOMED

CT , Probability: 0 ; Diagnosis Code: 2579394014

ESI

Is This

Patient Dying?: No.

Is This a Patient Who Shouldn't Wait?: No

How Many Resources Will This Patient Need?: Many

Recommended ESI Level: 3

DCP GENERIC CODE

Tracking Acuity: 3

Tracking Group: DLTA ED

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies/Home Meds

ED Hx and Allergies: Yes

Dubose, Myrna - 03/17/12 4:20 CDT

ED The and Photogras. Tes

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies (Active)

No Known Atlergies

Estimated Onset Date: Unspecified; Greated By: Dubose, Myrna; Reaction Status: Active; Category: Drug; Substance: No Known Allergies; Type: Allergy; Updated By: Dubose,

Myrna; Reviewed Date: 03/17/12 4:24 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Eye pain; Classification: Medical; Clinical Service: Non-Specified; Code: SNOMED

CT; Probability: 0; Diagnosis Code: 2579394014

Primary Pain ED

Primary Pain Location: Eye Numeric Rating Scale: Yes ED Patient No Pain: Yes Numeric Rating: 6 Time Pattern: Acute Quality: Sharp Pain Radiates: No

Dubose, Myrna - 03/17/12 4:20 CDT

Vitals/Ht/Wt

Temperature Oral: 36.6DegC(Converted to: 97.9DegF)

Peripheral Pulse Rate: 68bpm Respiratory Rate: 18br/min

Systolic/

Diastolic BP: 146mmHg (HI)

Systolic/

Diastolic BP: 72mmHg

Height/Length Estimated: 165.00cm(Converted to: 5ft 5in, 5.41ft, 64.96in)

Weight Estimated: 72.730kg(Converted to: 160lb 5oz, 160.342lb)

Assess/Tx

Level of Consciousness: Not sedated

Orientation: Oriented x 4
OB Skin Color: Pink
Skin Description: Dry

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 10 of 28 Print Date/Time: 04/16/2013 08:21

Dubose, Myrna - 03/17/12 4:20 CDT

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678 DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Skin Temperature: Warm Pre-Arrival Treatments: None

Dubose, Myrna - 03/17/12 4:20 CDT

Procedure History

Procedure History

DOCUMENT NAME: SERVICE DATE/TIME:

RESULT STATUS: PERFORM INFORMATION:

SIGN INFORMATION:

ED Note-Nursing 03/17/2012 04:39 Auth (Verified)

Miles, April (03/17/2012 04:39) Miles, April (03/17/2012 04:39)

ED Assessment Adult Entered On: 03/17/12 4:42 CDT Performed On: 03/17/12 4:39 CDT by Miles, April

ID Screen

TB Symptoms Grid Bloody Sputum: No

Fatigue: No Fever: No

Loss of Appetite: No Night Sweats: No

Persistent Cough Greater Than 3 Weeks: No

Weight Loss: No

Miles, April - 03/17/12 4:39 CDT

Syndrome Surveillance Symptoms Grid

Headache: Yes

Illness With Generalized Rash: No

Muscle Pain: Yes

New or Worsening Cough: No Shortness of Breath: No

Shortness of Breath No

Recent Exposure to Communicable Disease: No

Travel Within Last 14 Days: No

Miles, April - 03/17/12 4:39 CDT

Miles, April - 03/17/12 4:39 CDT

Past Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain

Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Eye pain; Classification: Medical; Clinical Service: Non-Specified; Code: SNOMED

CT; Probability: 0; Diagnosis Code: 2579394014

Procedure History

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 11 of 28

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge. 03/17/2012

Location: D1SE

Procedure History

Social History

Patient Smoking History: Current everyday smoker

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? : Yes

Miles, April - 03/17/12 4:39 CDT

Social History

Alcohol:

High Risk

(Last Updated: 03/17/12 04:40:38 by Miles, April)

Tobacco:

High Risk

(Last Updatec: 03/17/12 04:40:45 by Miles, April)

Substance Abuse:

Denies Substance Abuse

(Last Updated: 03/17/12 04:41:14 by Miles, April)

General

Immunizations Current: Yes
Last Tetanus: Greater than 5 years
Influenza Vaccine Status: Refused
Pneumococcal Vaccine Status: Refused

Infectious Diseases: None Languages: English Domestic Concerns, None Suicidal Ideation. None

Miles, April - 03/17/12 4:39 CDT

DOCUMENT NAME:

SERVICE DATE/TIME: RESULT STATUS:

Pregnancy Status: N/A

PERFORM INFORMATION:

SIGN INFORMATION:

ED Patient Education Note

03/17/2012 07:35 Auth (Verified)

Johnston, Adam (03/17/2012 07:35)

Johnston, Adam (03/17/2012 07:35)

ED Patient Education Note

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 12 of 28

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

FIN: 000145678 DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

A selection of the Contract of

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Orders

Patient Care

Order: Vision Testing

Order Date/Time 03/17/2012 05:00

Order Status: Discontinued

Department Status: Discontinued

Activity Type: POC Asmt/Tx/Monitoring

End-state Date/Time: 03/17/2012 07:35 Ordering Physician: Thomas,Lesia End-state Reason: Consulting Physician:

Entered By: SYSTEM on 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Order Comment:

Action Type: Discontinue

Action Date/Time: 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information. Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information:

Nurse Review: Electronically Signed, Bennett, Stephanie on 03/17/2012 05:16

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 13 of 28

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Orders

Radiology

Order: XR Hand Complete Left

Order Date/Time 03/17/2012 05:06

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:44 Ordering Physician: Thomas,Lesia

End-state Reason: Consulting Physician:

Entered By: Collier, Michael on 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Order Comment:

Action Type: Complete

Action Date/Time: 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:49

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Review Information: Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Review Information: Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 14 of 28

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678 DOB/Age/Sex. 05/12/1990 22 years

ears Maie

Admitting Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Orders

Radiology

Order: CT Maxillofacial w/o Contrast Order Date/Time: 03/17/2012 05:05

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:56 Ordering Physician: Thomas,Lesia

End-state Reason: Consulting Physician.

Entered By: Collier, Michael on 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Order Comment:

Action Type: Complete

Action Date/Time: 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No.

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:51

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No.

Review Information: Order Comment:

Action Type: Status Change

Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No.

Review Information: Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No.

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign, Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 46 of 144 PageID #: 1130

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Location: D1SE

Progress Notes

Document Type: Service Date/Time: Result Status:

Performed Information: Signed Information: Progress Note - Nursing 03/17/2012 07:35 Auth (Verified)

Johnston, Adam (03/17/2012 10:45) Johnston, Adam (03/17/2012 10:45)

Pt released in sherriff custody. S.O. officer to take patient to UMMC. Released in hand/feet cuffs.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 16 of 28

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 47 of 144 PageID #: 1131

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Location: D1SE

Allergies

Substance

Allergy Type

Reaction Status Reaction Symptom Reviewed

Date/Time

No Known Allergies

Allergy

Active

03/17/2012 05:00

Social History

Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)

Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Computed Tomography

Accession Number

Exam Date/Time

Procedure

Ordering Dr.

01-CT-12-03106

03/17/2012 05:51

CT Maxillofacial w/o Contrast Thomas,Lesia

Reason For Exam

(CT Maxillofacial w/o Contrast) Trauma

Report

History Assault

CT scan of the face done without intravenous contrast with no older studies for comparison with previous reading from night rays which I concur shows mild mucoperiosteal thickening in both ethmoid and the right maxillary sinus with intact craniocervical junction and mandible as well as TM joints. The nasal septum is deviated slightly to the left in the posterior portion with mild discontinuity here suggesting a small fracture. The nasal bone shows irregularities suggesting a nondisplaced fracture. The periorbital region appears intact with no blowout fractures with no maxillary fractures identified. There is soft tissue swelling in the left periorbital region with the left globe intact. This extends into the left knee nasal area. There is disconjugate gaze with the left eye looking laterally in comparison to the right eye which probably accounts for the medial deviation of the left optic nerve.

Impression: Mild nasal fracture with a mild septal fracture with sinus disease but no blowout fractures. Disconjugate gaze.

***** Final *****

Dictated by Collier, Michael Dictated DT/TM: 03/17/2012 9:43 am Signed by: Collier, Michael Signed (Electronic Signature): 03/17/2012 9 55 am

General Diagnostic

Accession Number

Exam Date/Time

Procedure

Ordering Dr. Thomas, Lesia

01-XR-12-08425

03/17/2012 05:48

XR Hand Complete Left

Reason For Exam

(XR Hand Complete Left) Injury, hand

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

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Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 49 of 144 PageID #: 1133

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Location: D1SE

General Diagnostic

Accession Number

Procedure

Ordering Dr.

01-XR-12-08425

Exam Date/Time 03/17/2012 05:48

XR Hand Complete Left

Thomas, Lesia

Report

History: Injury

Three views of the left hand shows intact distal radius and ulna as well as scapholunate distance and carpus with intact metacarpals. The digits show intact joint spaces.

Impression: No fractures seen.

***** Final *****

Dictated by: Collier, Michael Dictated DT/TM: 03/17/2012 9:41 am

Signed by: Collier, Michael

Signed (Electronic Signature): 03/17/2012 9.42 am

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 19 of 28

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 50 of 144 PageID #: 1134

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1\$E

Consents

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

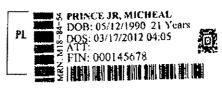
Page 20 of 28

Patient Name: PRINCE JR, MICHAEL Date of Birth: 05/12/1990

MRN: M18-84-54 FIN: 000145678

* Auth (Verified) *

DELTA REGIONAL MEDICAL CENTER Greenville, Mississeppi



Transfer Form

1. PATIENT CONDITION	Discharge Vitals	Time:				
A. () There is no reasonable likelihood of	i.e (
deterioration from or during transport.	B/P 157/70	Pulse 72				
Be (17) he patient may be at risk for	Resp / S	Temp 36.8				
deterioration from or during transport	*WITHEN 15 MINUTES	OF DESCRANGE				
downson and it out out this transport						
C. [] Patient is pregnant with contractions	6. MODE OF TRANSPORT [] ALS Ambulance					
Banad man and annual calculation of the control of the	[] BLS Ambulance	p 11.11				
Based upon my examination of the patient and the information available to use at the time of	[] Helicopter	By Sher f				
transfer, I certify that the risks of transfer are	[] Fixed Wing Aircraf	ft				
outweighed by the benefits reasonable	[] Additional Personn	el JINC				
anticipated from proper care at the receiving	[] RN [] Respira	tory Therapist				
facility.	[] Other:					
2. RISKS OF TRANSFER	Medications/ Equipme					
- hu						
	Medical Records sent	with petiont at the time of				
	transfer (check all that apply)					
[x] All transfers have inherent risks of delays or	[] Copy of lab results	Physician H&P				
accidents in transit, pain or discomfort upon	[] Copy of EKG	Progress Notes				
movement, and limited medical capacity of	Copy of X-Ray film	ns [] Med. Admin. Rec.				
ransport units that may limit available care in	[] Prenatal Record					
the event of a crisis.	Service Contacted:					
3. BENEFITS OF TRANSFER	Ву	TeneETA				
		ENT TO TRANSFER				
for un ma assulatelle -	i acknowledge that my been evaluated and exp	medical condition has plained to me by the				
L REASON FOR TRANSFER	Emergency Departmen					
A. TPO equipment or services not available	qualified medical perso	on and/or my attending				
at this facility (list)	physician. The potentia	d benefits of such transfer				
B. [] Patient-initiated request for transfer.	-	me and I fully understand				
Services are available here and offered to	them.					
patient, who wishes of their own volition	[541 hereby CONSE					
and sequest to be transferred.	• •	E transfer and I request				
Physician Care Constant Newspaper	instead to continue	treatment at:				
	1/ whalts	~a/				
HOSPITAL ACCEPTANCE	Patient algorature or on ballet	of putient Time				
Name of destination hospital:						
. Accepted by: That - 0110	(Witness A. J. V	Time				
Name U Time	建筑基金等 。					
According MD: The Ason 0710		V				
Name Time						
Report Called to: 0725						
INITIALS OF PERSON OBTAINING ACCEPTANCE						

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 52 of 144 PageID #: 1136

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location. D1SE

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 22 of 28

Patient Name, PRINCE JR, MICHAEL Date of Birth: 05/12/1990 MRN: M18-84-54 FIN: 000145678

* Auth (Verified) *

Delta Regional Medical Center 1400 E Union St (662) 378-3783 GREENVILLE, MS 387045247 Patient Information Patient Name: PRINCE JR, MICHEAL Sex: Male Home Address: 590 HAMEL ST DOB: 05/12/1990 GREENVILLE, MS 38703283 Age: 21 Years Home Phone: (662) 335-5755 Religion: Baptist Employer Name: Not Employed SSN: 426696731 Employer Phone: Guarantor Information -Guarantor Name: PRINCE JR, MICHEAL Sex: Male Patient's Reitn: SELF DOB: 05/12/1990 Billing Address: 590 HAMEL ST Ago: 21 Years **GREENVILLE, MS 387032831** Religion: Baptist Billing Phone: (662) 335-5755 SSN: 426696731 **Employer Name:** Employer Phone: Contact information. **Emergency Contact** Next of Kin Contact Name: Contact Name: PRINCE, DORA Patient's Reitn: Other Relationship Patient's Reltn: Sex: Home Phone: (662) 335-5755 Home Phone: Primary Insurance Subscriber Name: PRINCE JR, MICHEAL Insurance Name: Miscellaneous Commercial Health Pla Patient's Reitn: SELF Claim Address: 216 MAIN ST Sex: Male Greenville, MS 38701 DOB: 05/12/1990 Insurance Phone: (662) 378-1515 Age: 21 Years Policy Number: 426696731 Employer Name: Not Employed Group Number: **Employer Phone:** Authorization Number: Financial Class: Commercial Insurance Authorization Phone: **Authorization Contact:** Secondary Insurance Subscriber Name: Insurance Name: Patient's Reitn: Claim Address: Sex: DOB: Insurance Phone: 0 Days Age: Policy Number: **Employer Name:** Group Number: **Employer Phone: Authorization Number:** Financial Class: Authorization Phone:

Reg Dt/Tm:

03/17/2012 04:05

Est Dt of Arrival: inpt Adm Dt/Tm: Disch Dt/Tm: Observation Dt/Tm: VIP Indicator:

Admit Reason: Medical problem

Encounter Information -

Patient Type: Emergency Medical Service: Emergency Room

Location: D1SE Room/Bed: / Isolation: Disease Alert: Admit Type: Emergency Admit Source:Non-HealthCare Poi Advance Directive:No, info not provi Reg Clerk: Jackson, Stacy Admit Physician:Bearry, John Hous Attend Physician:Bearry, John Hous PCP:

PRINCE JR, MICHEAL

MRN: M18-84-54

Printed By: Jackson, Stacy on 03/17/2012 05:14 to printer opening01

Registration last updated by: Jackson, Stacy on 03/17/2012 05:14

Male / 21 Years

Authorization Contact:

FIN: 000145678

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 54 of 144 PageID #: 1138

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Miscellaneous

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 24 of 28

Patient Name: PRINCE JR. MICHAEL Date of Birth, 05/12/1990

FIN: 000145678

* Auth (Verified) *

From Payor 2 12 16023342829 Page 1/3 (New 3:172012:5-3741 asy

Page 1 of 1



RADIOLOGY REPORT

866.915.6900 www.rays.net

DELTA REGIONAL MEDICAL CENTER

> 1400 East Union St P.O. Box 5247 Greenville, Miss 38704

Patient

PRINCE MICHEAL JR

MRN 188454 DOB 5/12/1990

1132

Hospital Code Accession No. 01-CT-12-03106

Ref Physician THOMAS LESIA

Study Date: 03/17/2012 05:39

Study: CT FACE -

Tech Notes.

ASSAULTVFACIAL WO - THOMAS LESIA -

Tech Findings:

*** PRELIMINARY REPORT ***

"" PRELIMINARY REPORT ""

HISTORY:

21M. Assault

CT the facial cones without contrast, no comparison

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular a ignment maintained

Unerupled teeth seen within the anterior aspect of the maxilla

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma

IMPRESSION

- No acute fracture.
- 2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma This is of uncertain clinical significance. Correlate with visual acuity and physical examination
- 3. Left premaxillary/preorbital soft tissue swelling





Ted Brewer, M.D.

03/17/2012 6:32 AM Conital

Turnaround:32m

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* Auth (Verified) *

Page 1 of 1



RADIOLOGY REPORT

866.915.6900 www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St P.O. Box 5247 Greenville, Miss 38704

Patient PRINCE MICHEAL JR MRN DOB 5/12/1990 188454

1132

Hospital Code Accession No.

Ref Physician THOMAS LESIA

Study: CT FACE -

01-CT-12-03106

Study Date: 03/17/2012 05:39

Tech Notes: ASSAULT/FACIAL WO - THOMAS LESIA -

Tech Findings:

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling.

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained.

Unerupted teeth seen within the anterior aspect of the maxilla.

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma.

IMPRESSION:

- 1. No acute fracture.
- 2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma. This is of uncertain clinical significance. Correlate with visual aculty and physical examination.
- Left premaxillary/preorbital soft fissue swelling.

Barto

Ted Brawer, M.D. 03/17/2012 8:32 AM Central Turnaround:32m

ndisonted intermition: This transmission comains information that is confidential entire legally privileged. This information is filteritied only for the use of the implicitude or intermition that transmission shall be considered to the contained of the properties of the contained of the contai

https://rt.nightrays.com/Medical/StudyReportBatch.aspx?StudyId=1415744

3/17/2012

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Measurements

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Height/Length Estimated 165.00 cm Weight Estimated 72.730 kg

Vital Signs

Recorded Date 03/17/2012 Recorded Time 04:20 Recorded By Dubose,Myrna

Procedure Units Reference Range Temperature Oral 36.6 DegC [35.8-37.3] Peripheral Pulse Rate 68 bpm [60-100] Respiratory Rate 18 br/min [14-20] Systolic Blood Pressure 146 H mmHg [90-140] Diastolic Blood Pressure 72 mmHg [60-90]

Pain

Pain Assessment

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Pain Symptoms Self Report Yes, able to self report

Primary Pain Location Eye
Numeric Pain Scale 6
Primary Pain Time Pattern Acute
Primary Pain Quality Sharp
Primary Pain Radiation No

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 27 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN:

000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Location: D1SE

Integumentary

Integumentary Assessment

Recorded Date 03/17/2012 Recorded Time 04:20 Recorded By Dubose, Myrna

Procedure

Units Reference Range

Skin Temperature Skin Description

Warm Dry

Neurological

Neurological Assessment

Recorded Date 03/17/2012 Recorded Time 04:20 Recorded By Dubose, Myrna

Procedure

Units Reference Range

Level of Consciousness

Not sedated

Psychosocial 5 4 1

Suicide Risk Assessment

Recorded Date 03/17/2012 Recorded Time 04:39 Recorded By Miles, April

Procedure

Units Reference Range

Suicidal Ideation

None

Psychological Functions

Recorded Date 03/17/2012 Recorded Time 04:20 Recorded By Dubose, Myrna

Procedure

Units Reference Range

Orientation Assessment

Oriented x 4

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 28 of 28



1400 East Union St. PO Box 5247 Greenville, MS 38704-5247

Patient. PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting:

Admit:

03/25/2013 Discharge: 03/26/2013

Location: D1SE

DOCUMENT NAME: SERVICE DATE/TIME **RESULT STATUS:**

PERFORM INFORMATION: SIGN INFORMATION:

Coding Summary 03/26/2013 00:05 Transcribed

CODING DATE: 03/29/2013 Delta Regional Medical Center FINAL

ADMIT DX:

784.0 **HEADACHE**

REASON FOR VISIT DX: 784.0 HEADACHE

FINAL DX: PRINCIPAL:

784.0 HEADACHE

SECONDARY:

SURGICAL OR OTHER PROCEDURE NOT CARRIED OUT BECAUSE OF PATIENT'S V64.2 DECISION

PYMT

PROC APC STAT DESCRIPTION

DOCTOR NAME

DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: James, Gladys Date Saved: 3/29/2013 7:02 AM

LEGEND; a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 1 of 17

Admitting:

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Discharge Summaries

Document Type:ED Patient SummaryService Date/Time.03/26/2013 00:05Result Status:Auth (Verified)

Performed Information: Jones RN,Martha (03/26/2013 00:05)
Signed Information: Jones RN,Martha (03/26/2013 00:05)

ED Patient Summary

Delta Regional Medical Center Patient Discharge Instructions

Name: PRINCE JR, MICHAEL Current Date: 03/26/13 00:05:27

DOB: 5/12/1990 12:00 AM **MRN**: M18-84-54 **FIN**: 000261336

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 820-9784

Primary Care Provider:

Name: Phone:

Discharge Diagnosis:

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHAEL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 2 of 17 Print Date/Time: 04/16/2013 08:22

Delta Re	gional Medical Cen	ter					
MRN: FIN:	PRINCE JR, MICH M18-84-54 000261336 /Sex: 05/12/1990 D1SE		Male	Admitting: Admit: Discharge:	03/25/2013 03/26/2013		
	• •		Discharge	Summarie	?S	and the second	•
Prescri	ptions						** ******
	edications						
None	;						
Medicat	ions to Continue	Taking Tha	nt Have Changed	I			
None			40				
Medicat	ons to Continue	with No Ch	anges				
carba	amazepine (Tegr	etol) . 4 time	es a day, Refills; ()			
phen	obarbital , Refill	s: 0					
phen	obarbital , Refill	s: 0					
No Long	er Take the Follo	owing Medic	eations				
None							
Contact	Your Physician I	Prior to Tak	ing the Followin	g Medicati	ons		
None							
I, PRINC nave veri	CE JR, MICHAE palized underst	L, have rec anding:	eived the attach	ned patieni	deducation m	naterials/instru	ctions and
Patient S	ignature	Date	Prov	vider Signa	ature	Date	
Patient e	ducation mate	rials, if an	/, will display b	elow			
	tion leaflets, if						500 500
LEGEN	D: a-Abnormal, C-0	Critical, L-Low	, H-High, #-Correct	ted, R-Resul	t Comment, ^-i	nterp Data, @-Re	eference Lab

Page 3 of 17

Report Request ID: 5227071

Prince-Delta Regional 000035

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN:

000261336

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Location: D1SE

Discharge Summaries

Document Type: Service Date/Time:

Result Status:

Performed Information. Signed Information:

ED Clinical Summary 03/26/2013 00:05 Auth (Verified)

Jones RN, Martha (03/26/2013 00:05) Jones RN, Martha (03/26/2013 00:05)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN#:000261336

PHYSICIANS

Admitting Physician:

Attending Physician: ONeal MD, Ellis Hilton

PCP:

Discharge Diagnosis:

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol), 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 4 of 17

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000261336

-54 Admitting:

Male

DOB/Age/Sex: 05/12/1990 22 years

Admit: 03/25/2013 Discharge: 03/26/2013

Location: D1SE

Discharge Summaries

phenobarbital. Refills: 0 phenobarbital. Refills: 0

DISCHARGE INFORMATION Discharge Disposition: Elopement

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 5 of 17

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

DOCUMENT NAME: Triage Note SERVICE DATE/TIME: 03/25/2013 23:24 RESULT STATUS: Auth (Verified)

PERFORM INFORMATION: Jones RN, Martha (03/25/2013 23:24) SIGN INFORMATION: Jones RN, Martha (03/25/2013 23:24)

> ED Triage Adult Entered On: 03/25/13 23:27 CDT Performed On: 03/25/13 23:24 CDT by Jones RN, Martha

Triage

Chief Complaint/

Mechanism of Injury: pt states h/a for 2-3 days, not relieved with advil

Reason Unable to Obtain Current Visit Information: None

Mode of Arrival: Walking

Pain Symptoms . Yes, able to self report

Vital Signs: Yes ED Condensed

Treatment & Assessment: Yes

Jones RN, Martha - 03/25/13 23:24 CDT

Diagnoses(Active)

Headache Date: 03/25/2013; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Headache; Classification: Medical; Clinical Service: Non-Specified;

Code: PNED ; Probability: 0 ; Diagnosis Code: 06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

ESI

Is This

Patient Dying? : No

Is This a Patient Who Shouldn't Wait?: No

How Many Resources Will This Patient Need?: Many

Recommended ESI Level: 3

Jones RN, Martha - 03/25/13 23:24 CDT DCP GENERIC CODE

Tracking Acuity: 3

Tracking Group: DLTA ED

Jones RN, Martha - 03/25/13 23:24 CDT

Allergies/Home Meds

ED Hx and Allergies: Yes

Jones RN, Martha - 03/25/13 23:24 CDT

Allergies (Active) No Known Allergies

Estimated Onset Date: Unspecified; Created By: Dubose

RN, Myrna; Reaction Status: Active; Category: Drug; Substance: No Known Allergies; Type: Allergy; Updated By: Dubose RN, Myrna; Reviewed Date: 03/17/12 5:00 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 6 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN:

000261336 DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Location: D1SE

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Headache

Date: 03/25/2013; Diagnosis Type: Reason For Visit; Confirmation: Probable; Clinical Dx: Headache; Classification: Medical; Clinical Service: Non-Specified;

Code: PNED; Probability: 0; Diagnosis Code:

06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Primary Pain ED

Primary Pain Location: Head Numeric Rating Scale: Yes ED Patient No Pain , No Numeric Rating: 8 Time Pattern: Intermittent

Onset: Sudden Pain Duration: 2-3 Quality: Aching Pain Radiates: No

Aggravating Factors: None Associated Symptoms: None

Vitals/Ht/Wt

Temperature Source: Oral Temperature: 36.6DegC

Apical Heart Rate: 84bpm

Respiratory Rate: 18br/min

Systolic/

Diastolic BP: 134mmHg

Systolic/

Diastolic BP: 71mmHg

SpO2: 100%

Jones RN, Martha - 03/25/13 23:24 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 7 of 17

Patient: PRINCE JR, MICHAEL

DOB/Age/Sex: 05/12/1990 22 years

MRN: M18-84-54

FIN: 000261336

Male

Admitting: Admit:

Admit: 03/25/2013 Discharge: 03/26/2013

Location: D1SE

Height/Length Estimated 167.64cm(Converted to: 5ft 6in, 5.50ft, 66.00in)

Weight Estimated 81.820kg(Converted to: 180lb 6oz, 180.382lb)

Jones RN, Martha - 03/25/13 23:24 CDT

Assess/Tx

Level of Consciousness : Calm and cooperative

Orientation: Oriented x 4

Affect/Behavior: Appropriate, Calm, Cooperative

OB Skin Color: Pink Skin Description: Dry Skin Temperature: Warm Pre-Arrival Treatments: None

Procedure History

Jones RN, Martha - 03/25/13 23:24 CDT

Procedure History

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION.

ED Note-Nursing 03/25/2013 23:28

Auth (Verified)

Jones RN,Martha (03/25/2013 23:28) Jones RN,Martha (03/25/2013 23:28)

ED Assessment Adult Entered On: 03/25/13 23:28 CDT Performed On: 03/25/13 23:28 CDT by Jones RN, Martha

ID Screen

TB Symptoms Grid

Bloody Sputum: No.

Fatigue : No

Fever: No

Loss of Appetite . No

Night Sweats: No

Persistent Cough Greater Than 3 Weeks: No

Weight Loss: No

rroigin 2005 : 110

Jones RN, Martha - 03/25/13 23:28 CDT

Alcohol and Drug Use: No

Resident of Institutional Living Environment : No Employee of Institutional Living Environment : No

Health Care Employee . No

History of Exposure to TB: No

History of Positive Chest X-Ray for TB: No

History of Positive TB Skin Test : No

Homeless: No

Known Immunosuppression: No

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 8 of 17

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Recent Immigrant: No

Jones RN, Martha - 03/25/13 23:28 CDT

Syndrome Surveillance Symptoms Grid

Headache: Yes

Illness With Generalized Rash: No

Muscle Pain: No

New or Worsening Cough: No Shortness of Breath: No

Recent Exposure to Communicable Disease: No

Jones RN, Martha - 03/25/13 23:28 CDT

Glasgow Coma

Eye Opening: Spontaneously Best Verbal Response: Oriented

Best Motor Response: Obeys simple commands

Glasgow Coma Score : 15

Jones RN, Martha - 03/25/13 23:28 CDT

Past Medical History, Problems, Diagnoses

Diagnoses(Active)

Headache Date: 03/25/2013 , Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Headache;

Classification: Medical; Clinical Service: Non-Specified,

Code: PNED; Probability: 0; Diagnosis Code: 06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Procedure History

Procedure History

Social History

Patient Smoking History: Current everyday smoker

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? : Yes

Jones RN, Martha - 03/25/13 23:28 CDT

Social History

Alcohol: High Risk

(Last Updated, 03/17/12 04:40:38 by Miles RN, April)

Tobacco: High Risk

(Last Updated: 03/17/12 04:40:45 by Miles RN, April)

Substance Abuse:

Denies Substance Abuse

(Last Updated: 03/17/12 04:41:14 by Miles RN, April)

ED Trauma Registry

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 9 of 17 Print Date/Time: 04/16/2013 08:22

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 68 of 144 PageID #: 1152

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting:

Admit: 03/25/2013 Discharge: 03/26/2013

Location: D1SE

Trauma Activation: No

Jones RN, Martha - 03/25/13 23:28 CDT

General

Immunizations Current: Yes Influenza Vaccine Status: Refused Pneumococcal Vaccine Status: Refused

Infectious Diseases: None Languages: English Domestic Concerns: None Suicidal Ideation: None

Jones RN, Martha - 03/25/13 23:28 CDT

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

ED Patient Education Note

ED Patient Education Note 03/26/2013 00:05 Auth (Verified) Jones RN,Martha (03/26/2013 00:05) Jones RN,Martha (03/26/2013 00:05)

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 10 of 17

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 69 of 144 PageID #: 1153

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000261336

Location: D1SE

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Progress Notes

Document Type: Service Date/Time: Result Status:

Performed Information. Signed Information:

left prior to being seen by md

Progress Note - Nursing 03/26/2013 00:04 Auth (Verified) Jones RN, Martha (03/26/2013 00:04) Jones RN, Martha (03/26/2013 00:04)

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 70 of 144 PageID #: 1154

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years

Admitting:

Admit: 03/25/2013 Discharge: 03/26/2013

Location: D1SE

Allergies

Substance

Allergy Type

Male

Reaction Status Reaction Symptom Reviewed

No Known Allergies

Allergy

Active

03/17/2012 05:00

Date/Time

Social History

Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)

Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 12 of 17

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 71 of 144 PageID #: 1155

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336 DOB/Age/Sex: 05/12/1990 22 years Male

the second and the se

Admitting:

Admit: 03/25/2013

Discharge: 03/26/2013

Location: D1SE

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 13 of 17

Patient Name: PRINCE JR, MICHAEL Date of Birth: 05/12/1990

MRN, M18-84-54 FIN: 000261336

* Auth (Verified) *

Delta Regional Medical Center

1400 E Union St

GREENVILLE, MS 387045247

Sex:

(662) 378-3783

Patient Information

Patient Name: PRINCE JR. MICHEAL Home Address: 590 HAMEL ST

GREENVILLE, MS 38703283

Home Phone: (662) 820-9784 Employer Name: Not Employed

Employer Phone:

Age: 22 Years Religion; Baptist SSN: 426696731

Male

DOB: 05/12/1990

Guarantor Name: PRINCE JR, MICHEAL

Patient's Reitn:

SELF Billing Address: 590 HAMEL ST

GREENVILLE, MS 387032831

Billing Phone: (662) 820-9784 Employer Name: Not Employed

Employer Phone:

Guarantor Information.

Sex: Male DOB: 05/12/1990 Age: 22 Years

Religion: Baptist SSN: 426696731

Contact Information -

Emergency Contact Contact Name: PRINCE, DORA Patient's Reltn: Other Relationship

Sex

Home Phone: (662) 820-9784

Next of Kin Contact Name: Patient's Reitn:

Sex:

Home Phone:

Primary insurance Subscriber Name: PRINCE JR, MICHEAL

Patient's Reitn: SELF Sex: Male

DOB: 05/12/1990 Age: 22 Years

Employer Name: Not Employed

Employer Phone: Financial Class: Self Pay Insurance Name: Self Pay

Claim Address:

Insurance Phone: **Policy Number:** Group Number:

Authorization Number: Authorization Phone: Authorization Contact:

Secondary Insurance

Encounter Information

Subscriber Name: Patient's Reltn:

Sex: DOB:

0 Days Age: **Employer Name:** Employer Phone: Financial Class:

Insurance Name: Claim Address:

Insurance Phone: **Policy Number:** Group Number: **Authorization Number:** Authorization Phone: **Authorization Contact:**

Reg Dt/Tm:

Est DI of Arrival; Inpt Adm Dt/Tm; Disch Dt/Tm: Observation Dt/Tm: VIP Indicator: Admit Reason: Headache

03/25/2013 23:16

Patient Type: Emergency Medical Service: Emergency Room Location: D1SE Room/Bed: / isolation: Disease Alert:

Admit Type: Emergency Admit Source: Non-HealthCare Poi Advance Directive: No, info not provi Reg Clerk: Slack, Shirley Admit Physician:

Attend Physician: ONeal MD, Ellis Hill

PRINCE JR, MICHEAL

MRN: M18-84-54

Male / 22 Years

FIN: 000261336

Printed By: Slack, Shirley on 03/25/2013 23:35 to printer dpemrg01 Registration last updated by: Slack, Shirley on 03/25/2013 23:35

Patient: PRINCE JR, MICHAEL

MRN. M18-84-54 FIN:

000261336 DOB/Age/Sex: 05/12/1990 22 years Admitting:

Admit: 03/25/2013 Discharge: 03/26/2013

Location: D1SE

Measurements

Recorded Date 03/25/2013 Recorded Time 23:24 Recorded By Jones RN, Martha

Procedure

Units Reference Range

Height/Length Estimated

167.64

cm

Weight Estimated

81.820 kq

Male

Vital Signs

Recorded Date 03/25/2013 Recorded Time 23:24 Recorded By Jones RN, Martha

Procedure Units Reference Range Temperature Oral 36.6 DegC [35.8-37.3] Apical Heart Rate 84 bpm [60-100] Respiratory Rate 18 br/min [14-20] Systolic Blood Pressure 134 mmHq [90-140] Diastolic Blood Pressure 71 mmHg [60-90]

Pain

Pain Assessment

Recorded Date Recorded Time

03/25/2013 23:24 Jones RN, Martha

Recorded By Procedure

Units Reference Range Yes, able to self report

Pain Symptoms Self Report

Primary Pain Location Numeric Pain Scale Primary Pain Time Pattern Primary Pain Onset Primary Pain Duration Primary Pain Quality

Primary Pain Radiation

8 Intermittent Sudden 2-3 Aching No None None

Head

Primary Pain Aggravating Factors Pain Associated Symptoms

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 15 of 17

Patient: PRINCE JR, MICHAEL

MRN. M18-84-54

Admitting:

FIN: 000261336 DOB/Age/Sex: 05/12/1990 22 years

Male

Admit: 03/25/2013 Discharge: 03/26/2013

Location: D1SE

Respiratory

Oxygen Therapy & Oxygenation Information

Recorded Date 03/25/2013 Recorded Time 23:24 Recorded By Jones RN, Martha

Procedure

Units Reference Range

SpO₂

100

Integumentary

Integumentary Assessment

Recorded Date 03/25/2013 Recorded Time 23:24 Recorded By Jones RN, Martha

Procedure

Units Reference Range

Skin Temperature

Warm

Skin Description

Dry

Neurological

Neurological Assessment

Recorded Date Recorded Time 03/25/2013 23:24

Recorded By

Jones RN, Martha

Procedure

Units Reference Range

Level of Consciousness

Calm and cooperative

Coma Assessment

Recorded Date Recorded Time

03/25/2013 23:28

Recorded By

Jones RN, Martha

Procedure

Units Reference Range

Eye Opening Response Glasgow Best Motor Response Glasgow

Spontaneously Obeys simple commands

Best Verbal Response Glasgow

Oriented

Glasgow Coma Score

15

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 16 of 17

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336

DOB/Age/Sex: 05/12/1990 22 years

Admitting:

Admit:

03/25/2013

Discharge: 03/26/2013

Location: D1SE

Psychosocial

Suicide Risk Assessment

Recorded Date 03/25/2013 Recorded Time 23:28

Recorded By Jones RN, Martha

Procedure

Units Reference Range

Suicidal Ideation

None

Psychological Functions

Male

Recorded Date 03/25/2013 Recorded Time 23:24

Recorded By Jones RN, Martha

Procedure

Units Reference Range

Affect/Behavior

Appropriate, Calm, Cooperative

Orientation Assessment

Oriented x 4

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 17 of 17

DATE 049a592413-cv-00165056rAMAEDONAL78rEDFHAD: 06/30/1476ENf144NROCELDHHMBLGO

08:50:37 AM TIME

1400 E UNION ST

MS 387033246 GREENVILLE

MEDICAL RECORD NUMBER

188454

ASSIGNED TO DELTA

REGIONAL MEDICAL CENTRAL

PATIENT NAME

031712

PRINCE JR, MICHEAL

BEGINNING DATE OF SERVICE

ENDING DATE OF SERVICE 031712

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0320 0350 0450 0001	PROCEDURE DESCRIPTION XR HAND COMPLETE LEFT CT MAXILLOFACIAL W/O CON 99284 - LEVEL 4 PAGE 1 OF 1 TOTAL	RATES 73130LT	DATE 031712 031712)	AMOUNT 126.00 745.00 795.00	



RADIOLOGY REPORT

866.915.6900 www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St P.O. Box 5247 Greenville, Miss 38704

Patient
PRINCE MICHEAL JR

MRN 188454 **DOB** 5/12/1990

Hospital Code Accession No. 1132 01-CT-12-03106

Ref Physician THOMAS LESIA

Study Date: 03/17/2012 05:39

Study: CT FACE -

Tech Notes:

ASSAULT\FACIAL WO ~ THOMAS LESIA ~

Tech Findings:

*** PRELIMINARY REPORT ***

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling.

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained.

Unerupted teeth seen within the anterior aspect of the maxilla.

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma.

IMPRESSION:

- 1. No acute fracture.
- 2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma.

This is of uncertain clinical significance. Correlate with visual acuity and physical examination.

3. Left premaxillary/preorbital soft tissue swelling.

The state of the s

458 EUREV

Ted Brewer, M.D.

03/17/2012 6:32 AM Central

Turnaround:32m

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RADIOLOGY REPORT

866.915.6900 www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St P.O. Box 5247 Greenville, Miss 38704

Patient

PRINCE MICHEAL JR

MRN 188454 DOB 5/12/1990 1132

Hospital Code Accession No.

Ref Physician THOMAS LESIA

Study: CT FACE -

01-CT-12-03106

Tech Notes: ASSAULT\FACIAL WO ~ THOMAS LESIA ~

Tech Findings:

Study Date: 03/17/2012 05:39

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling.

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained.

Unerupted teeth seen within the anterior aspect of the maxilla.

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma.

IMPRESSION:

- No acute fracture.
- 2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma. This is of uncertain clinical significance. Correlate with visual acuity and physical examination.
- 3. Left premaxillary/preorbital soft tissue swelling.

458 ower

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Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 79 of 144 PageID #: 1163

PRINCE , MICHAEL

Dr. UNASSIGNED, DOCTOR 03/17/12 14:25 18173124 EMR

05/12/1990

AER

1220154

Emergency Services

INSTRUCTIONS TO PATIENT

CITIODITO TO TATIENT	
(Please Read Carefully)	

Emergency Department examination and treatment are not meant to be a substitute for complete medical care.

In addition, x-rays do not always show disease or injury; it is possible, for example, for a fracture not to be evident on the first x-ray. We strongly advise that you contact your regular physician or dentist (or the clinic listed below) for a "follow-up" visit. It is especially important that you seek additional care, here or elsewhere, if symptoms persist or worsen. TIME DATE AM/PM You have received a copy of these instruction sheets. □ Abdominal Problems ☐ Eye Problem ☐ Nosebleeds ☐ Urinary Tract Infection □ Asthma ☐ Fever ☐ Pelvic Pain ☐ Vomiting and Diarrhea ☐ Back Strain ☐ Genital Infection ☐ Sprain, Fracture, Bruise ■ Wound Care ☐ Head Injury ☐ Burn ☐ Tetanus/Diphtheria ☐ Other □ Cold ☐ High Blood Pressure ☐ Threatened Miscarriage ☐ Ear Infection □ Neck Strain ☐ Throat Culture/Strep Throat DISCHARGE DIAGNOSIS: **MEDICATIONS** ☐ Take them only as directed. Pain pills and sedatives may make you drowsy; do no use dangerous machines, drive a car or drink alcohol while using them. **ADDITIONAL INSTRUCTIONS:** VIJIUN ☐ Follow up with your local doctor or select one from the list provided. Return to the Emergency ☐ Follow up with the Clinic as scheduled. Department in ☐ An appointment for clinic has been requested. If you do not hear from them in 48 hours, call ER Scheduling at (601) 984-5580 for assistance. Physician's Signature (M-F, 8:00 am to 5:00 pm) In signing below, I show that I have received and understood these instructions. I understand that I have received emergency care for my problem only and that I may still need "follow-up" care. CERTIFICATE OF RETURN TO WORK OR SCHOOL PRINCE, MICHAEL University Hospital on Signature of patient or responsible party and should be able to return to work or school on ☐ Self □ Parent ☐ Other Limitations/Remarks: M.D. Signature of nurse or doctor discharging patient Telephone 03/17/12 14:25

Prince-Delta Regional 000003

UMC #1826C (6/2009)

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 80 of 144 PageID #: 1164



PRINCE ,MICHAEL
03/17/12 14:25 Dr. UNASSIGNED, DOCTOR
18173124 EMR AER 1220154
05/12/1990 21 M M01

Emergency Department and Outpatient Medication Reconciliation

ALLERGIES to medications / reactions (ask about prior charted allergies if patient omits):											
Primary Care Physicia	Primary Care Physician & phone #										
Usual pharmacy & ph	Sual pharmacy & phone #										
Information Received form:											
Prescription and non- they currently use or t	prescription ake	medicati	ons, herbals, a	and vi	tamins the patient	states	;	alteri i sua ci a sua cia			
Product/Strength	Dose	Route	Frequency	у	Indication/Comm	ents	Stop	Cont	Per PCP	Prescribed Amount	Refills
Trouverburnger	Dose										
	w."								N.	***********	
								4.30			
4							#				
							23.3				
								UL			
			Hammer					7			
.2.											
			1								
Nurse/Pharmacist Si	gnature:	M	WA)	A	work	_					
☐ No changes or	r additio	ns to C	urrent The	oran	v						
New & Changed Med Strength	lication /	Dose	Route	стар	Frequency	Inc	lication	/Comme	nts	Length of	Therapy
Motrin		6au	a oral	-6	hrs		Park			5 de	. (
,							1			, , ,	(3
											. 4
DO NOT USE IL	J, U, QD, Q	OD, MS	, MSO4, MgS	SO4, 7	Trailing Zeros, La	ack o	f Leadi	ng Zero	s		
Medication Reconcilia Discharge, Copy prov			regiver _	k	Signature	_		- Date	3), -	p/12 19	7)
MR0483H	R0483H										



1400 East Union St. PO Box 5247

Greenville, MS 38704-5247

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54 Admitting: Bearry, John Houston

FIN: 000145678 Admit: 03/17/2012

DOB/Age/Sex: 05/12/1990 21 years Male Discharge:

Location: D1SE

DOCUMENT NAME: Triage Note
SERVICE DATE/TIME: 03/17/2012 04:20
RESULT STATUS: Auth (Verified)

PERFORM INFORMATION: Dubose,Myrna (03/17/2012 04:20)
SIGN INFORMATION: Dubose,Myrna (03/17/2012 04:20)

ED Triage Adult Entered On: 03/17/12 4:26 CDT Performed On: 03/17/12 4:20 CDT by Dubose, Myrna

Triage

Chief Complaint/

Mechanism of Injury: hit in face with a flashlight, teeth chipped up and left eye swollen

unablee to straighten fingers out on left hand, coughing up blood Reason Unable to Obtain Current Visit Information: None

Mode of Arrival: Police

Pain Symptoms: Yes, able to self report

Vital Signs: Yes ED Condensed

Treatment & Assessment: Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Diagnoses(Active)

Eye pain Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Eye pain; Classification: Medical; Clinical Service: Non-Specified; Code: SNOMED

CT; Probability: 0; Diagnosis Code: 2579394014

ESI Is This

ļ

Patient Dying?: No

Is This a Patient Who Shouldn't Wait? : No

How Many Resources Will This Patient Need?: Many

Recommended ESI Level: 3

Dubose, Myrna - 03/17/12 4:20 CDT

<u>DCP GENERIC CODE</u> Tracking Acuity: 3

Tracking Group: DLTA ED

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies/Home Meds ED Hx and Allergies: Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies (Active)

No Known Allergies Estimated Onset Date: Unspecified ; Created By: Dubose,

Myrna; Reaction Status: Active; Category: Drug; Substance:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 2771048 Page 1 of 8 Print Date/Time: 03/17/2012 07:26

Prince-Delta Regional 000005

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 82 of 144 PageID #: 1166

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54 Admitting: Bearry, John Houston

FIN: 000145678 Admit: 03/17/2012

DOB/Age/Sex: 05/12/1990 21 years Male Discharge:

Location: D1SE

No Known Allergies; Type: Allergy; Updated By: Dubose,

Myrna; Reviewed Date: 03/17/12 4:24 CDT

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Eye pain; Classification: Medical; Clinical Service: Non-Specified; Code: SNOMED

CT; Probability: 0; Diagnosis Code: 2579394014

Primary Pain ED

Primary Pain Location: Eye Numeric Rating Scale: Yes ED Patient No Pain: Yes Numeric Rating: 6 Time Pattern: Acute Quality: Sharp Pain Radiates: No

Dubose, Myrna - 03/17/12 4:20 CDT

Vitals/Ht/Wt

Temperature Oral: 36.6DegC(Converted to: 97.9DegF)

Peripheral Pulse Rate: 68bpm Respiratory Rate: 18br/min

Systolic/

Diastolic BP: 146mmHg (HI)

Systolic/

Diastolic BP: 72mmHg

Height/Length Estimated: 165.00cm(Converted to: 5ft 5in, 5.41ft, 64.96in)

Weight Estimated: 72.730kg(Converted to: 160lb 5oz, 160.342lb)

Dubose, Myrna - 03/17/12 4:20 CDT

Assess/Tx

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 2771048 Page 2 of 8 Print Date/Time: 03/17/2012 07:26

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 83 of 144 PageID #: 1167

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54 Admitting: Bearry, John Houston

FIN: 000145678 03/17/2012 Admit:

DOB/Age/Sex: 05/12/1990 21 years Discharge: Male

Location: D1SE

Level of Consciousness: Not sedated

Orientation: Oriented x 4 OB Skin Color: Pink Skin Description: Dry Skin Temperature: Warm Pre-Arrival Treatments: None

Dubose, Myrna - 03/17/12 4:20 CDT

Procedure History

Procedure History

DOCUMENT NAME: **ED Note-Nursing** SERVICE DATE/TIME: 03/17/2012 04:39 RESULT STATUS: Auth (Verified)

Miles, April (03/17/2012 04:39) PERFORM INFORMATION: Miles, April (03/17/2012 04:39) SIGN INFORMATION:

> ED Assessment Adult Entered On: 03/17/12 4:42 CDT Performed On: 03/17/12 4:39 CDT by Miles, April

ID Screen

TB Symptoms Grid Bloody Sputum: No

Fatique: No Fever: No

Loss of Appetite: No Night Sweats: No

Persistent Cough Greater Than 3 Weeks: No

Weight Loss: No

Miles, April - 03/17/12 4:39 CDT

Syndrome Surveillance Symptoms Grid

Headache: Yes

Illness With Generalized Rash: No

Muscle Pain: Yes

New or Worsening Cough: No Shortness of Breath: No

Travel Within Last 14 Days: No

Recent Exposure to Communicable Disease: No

Miles, April - 03/17/12 4:39 CDT

Miles, April - 03/17/12 4:39 CDT

Past Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Eye pain; Classification:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 2771048 Page 3 of 8 Print Date/Time: 03/17/2012 07:26

Prince-Delta Regional 000007

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 84 of 144 PageID #: 1168

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54 Admitting: Bearry, John Houston

03/17/2012 FIN: 000145678 Admit:

DOB/Age/Sex: 05/12/1990 21 years Male Discharge:

Location: D1SE

Medical; Clinical Service: Non-Specified; Code: SNOMED

CT; Probability: 0; Diagnosis Code: 2579394014

Procedure History

Procedure History

Social History

Patient Smoking History: Current everyday smoker

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival?: Yes

Miles, April - 03/17/12 4:39 CDT

Social History

Alcohol: High Risk

(Last Updated: 03/17/12 04:40:38 by Miles, April)

Tobacco: High Risk

(Last Updated: 03/17/12 04:40:45 by Miles, April)

Substance Abuse: **Denies Substance Abuse**

(Last Updated: 03/17/12 04:41:14 by Miles, April)

General

Immunizations Current: Yes

Last Tetanus: Greater than 5 years Influenza Vaccine Status: Refused Pneumococcal Vaccine Status: Refused

Infectious Diseases: None Languages: English Domestic Concerns: None Suicidal Ideation: None Pregnancy Status: N/A

Report Request ID: 2771048

Miles, April - 03/17/12 4:39 CDT

Print Date/Time: 03/17/2012 07:26

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Page 4 of 8 Prince-Delta Regional 000008

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 85 of 144 PageID #: 1169

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54 Admitting: Bearry, John Houston

FIN: 000145678 Admit: 03/17/2012

DOB/Age/Sex: 05/12/1990 21 years Male Discharge:

Location: D1SE

Orders

Patient Care

Order: Vision Testing

Order Date/Time: 03/17/2012 05:00

Order Status: Ordered Department Status: Ordered Activity Type: POC Asmt/Tx/Monitoring

End-state Date/Time: 03/17/2012 05:00 End-state Reason:

Ordering Physician: Thomas, Lesia Consulting Physician:

Entered By: Thomas, Lesia on 03/17/2012 05:07

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Order Comment:

Radiology

Order: XR Hand Complete Left

Order Date/Time: 03/17/2012 05:06

Order Status: Ordered Department Status: Exam Completed Activity Type: Radiology

End-state Date/Time: 03/17/2012 05:06 End-state Reason:
Ordering Physician: Thomas,Lesia Consulting Physician:

Entered By: Jones, Brandi on 03/17/2012 05:49

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Order Comment:

Order: CT Maxillofacial w/o Contrast

Order Date/Time: 03/17/2012 05:05

Order Status: Ordered Department Status: Exam Completed Activity Type: Radiology

End-state Date/Time: 03/17/2012 05:05 End-state Reason:
Ordering Physician: Thomas,Lesia Consulting Physician:

Entered By: Tyson, Deserre on 03/17/2012 05:51

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 2771048 Page 5 of 8 Print Date/Time: 03/17/2012 07:26

Prince-Delta Regional 000009

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 86 of 144 PageID #: 1170

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54

000145678

DOB/Age/Sex: 05/12/1990 21 years

Male

Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

Admitting: Bearry, John Houston

Admit: 03/17/2012

Discharge:

Location: D1SE

FIN:

Allergies

Substance Allergy Type Reaction Status Reaction Symptom Reviewed Date/Time
No Known Allergies Allergy Active 03/17/2012 05:00

Social History

Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles,April)

Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles,April)

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 2771048 Page 6 of 8 Print Date/Time: 03/17/2012 07:26

cy-00165-SA-JMV Doc #:1780 E Filed: 96/30/14 87 of 144 Page 13-78-3783 Delta Regional Medical Center GREENVILLE, MS 387045247

--- Patient Information -

Patient Name: PRINCE JR, MICHEAL Home Address: 590 HAMEL ST

GREENVILLE, MS 38703283

Home Phone: (662) 335-5755 **Employer Name:** Not Employed

Employer Phone:

Guarantor Information

Guarantor Name: PRINCE JR, MICHEAL

Patient's Reltn: SELF 590 HAMEL ST Billing Address:

GREENVILLE, MS 387032831

Billing Phone: (662) 335-5755

Employer Name: Employer Phone:

Male DOB: 05/12/1990 Age: 21 Years Religion: Baptist

Sex: Male

DOB: 05/12/1990 Age: 21 Years

Religion: Baptist

SSN: 426696731

SSN: 426696731

Contact Information

<u>Emergency Contact</u>

Contact Name: PRINCE, DORA Patient's Reltn: Other Relationship

Sex:

Home Phone: (662) 335-5755

Next of Kin **Contact Name:** Patient's Reltn:

Sex:

Home Phone:

Primary Insurance -

Insurance Name: Miscellaneous Commercial Health Pla Subscriber Name: PRINCE JR, MICHEAL

Patient's Reltn: SELF Claim Address: **216 MAIN ST**

Greenville, MS 38701 Sex: Male Insurance Phone: (662) 378-1515 DOB: 05/12/1990

Policy Number: 426696731 Age: 21 Years

Group Number: Employer Name: Not Employed

Employer Phone: Authorization Number: Financial Class: Commercial Insurance **Authorization Phone: Authorization Contact:**

Secondary Insurance -

Subscriber Name:

Patient's Reltn:

Sex: DOB:

Age: 0 Days **Employer Name: Employer Phone: Financial Class:**

Reg Dt/Tm:

Est Dt of Arrival:

Inpt Adm Dt/Tm:

Observation Dt/Tm:

Disch Dt/Tm:

VIP Indicator:

Insurance Name: Claim Address:

Insurance Phone: **Policy Number: Group Number: Authorization Number:**

Authorization Phone: Authorization Contact:

Encounter Information

03/17/2012 04:05 Patient Type: Emergency

Medical Service: Emergency Room

Location: D1SE Room/Bed: / Isolation: **Disease Alert:**

Admit Type: Emergency

Admit Source:Non-HealthCare Poi Advance Directive: No, info not provi

Reg Clerk: Jackson, Stacy

Admit Physician:Bearry, John Hous Attend Physician:Bearry, John Hous

PCP:

PRINCE JR, MICHEAL

MRN: M18-84-54

Admit Reason: Medical problem

Male / 21 Years

FIN: 000145678

Printed By: Jackson, Stacy on 03/17/2012 05:14 to printer dpemrg01 Registration last updated by: Jackson, Stacy on 03/17/2012 05:14

Prince-Delta Regional 000011

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54 Admitting: Bearry, John Houston

FIN: 000145678 Admit: 03/17/2012

DOB/Age/Sex: 05/12/1990 21 years Male Discharge:

Location: D1SE

Measurements

Recorded Date Recorded Time Recorded By	04:20			
Procedure		Units	Reference Range	
Height/Length Estimated	165.00	cm		
Weight Estimated	72.730	kg		

Vital Signs

Recorded Date	03/17/2012]	
Recorded Time	04:20		
Recorded By	Dubose,Myrna		
Procedure		Units	Reference Range
Temperature Oral	36.6	DegC	[35.8-37.3]
Peripheral Pulse Rate	68	bpm	[60-100]
Respiratory Rate	18	br/min	[14-20]
Systolic Blood Pressure	146 ^H	mmHg	[90-140]
Diastolic Blood Pressure	72	mmHg	[60-90]

Pain

Pain Assessment

	Recorded Date	03/17/2012		
i	Recorded Time	04:20		
	Recorded By	Dubose, Myrna		
	Procedure		Units	Reference Range

Pain Symptoms Self Report Yes, able to self report

Primary Pain Location Eye
Numeric Pain Scale 6
Primary Pain Time Pattern Acute
Primary Pain Quality Sharp
Primary Pain Radiation No

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 89 of 144 PageID #: 1173

Delta Regional Medical Center

Patient: PRINCE JR, MICHEAL

MRN: M18-84-54 Admitting: Bearry, John Houston

FIN: 000145678 Admit: 03/17/2012

DOB/Age/Sex: 05/12/1990 21 years Male Discharge:

Location: D1SE

Integumentary

Integumentary Assessment

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Skin Temperature Warm Skin Description Dry

Neurological

Neurological Assessment

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Level of Consciousness Not sedated

Psychosocial

Suicide Risk Assessment

Recorded Date 03/17/2012
Recorded Time 04:39
Recorded By Miles,April

Procedure Units Reference Range

Suicidal Ideation None

Psychological Functions

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

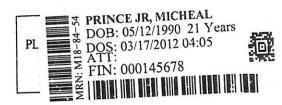
Orientation Assessment Oriented x 4

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 2771048 Page 8 of 8 Print Date/Time: 03/17/2012 07:26



ACCEPTANCE



Transfer	Form
	-Discharge Vitals Time:
. PATIENT CONDITION	1921-2
A. [] There is no reasonable likelihood of	B/P 137/70 Pulse / 2
deterioration from or during transport.	Par 18 Temp 36.8
5. F.3. Mills and sink for	*WITHIN 15 MINUTES OF DISCHARGE
B The patient may be at risk for	*WITHIN 15 MINUTES OF DISCHARGE
deterioration from or during transport	6. MODE OF TRANSPORT
C. [] Patient is pregnant with contractions	[] ALS Ambulance
C. [] Patient is pregnant with contractions	
Based upon my examination of the patient and	[] BLS Ambulance
the information available to me at the time of	[] Helicopter
transfer, I certify that the risks of transfer are	[] Fixed Wing Aircraft
outweighed by the benefits reasonable	[] Additional Personnel: \(\text{UNC}\)
anticipated from proper care at the receiving	[] RN [] Respiratory Therapist
facility.	[] Other:
2. RISKS OF TRANSFER	Medications/ Equipment sent with patient:
100 10	App. 1975
, , ,	Medical Records sent with patient at the time of
	transfer (check all that apply)
[x] All transfers have inherent risks of delays or	[] Copy of lab results Physician H&P
accidents in transit, pain or discomfort upon	[] Copy of EKG [Progress Notes
movement, and limited medical capacity of	Copy of X-Ray films [] Med. Admin. Rec.
transport units that may limit available care in	Prenatal Record
the event of a crisis.	Service Contacted:
	ByETA
3. BENEFITS OF TRANSFER	7. PATIENT CONSENT TO TRANSFER
Colin not granded of	I acknowledge that my medical condition has
800 000 1710 000000	been evaluated and explained to me by the
4. REASON FOR TRANSFER	Emergency Department physician or other
A. For equipment or services not available	qualified medical person and/or my attending
at this facility (list)	physician. The potential benefits of such transfer
B. [] Patient-initiated request for transfer.	have been explained to me and I fully understand
Services are available here and offered to	them.
patient, who wishes of their own volition	[] I hereby CONSENT to transfer.
and request to be transferred.	[] I hereby REFUSE transfer and I request
Physician Certification/Signature Date/Time	instead to continue treatment at:
	AN I DI DI COL
	Patient signature or on behalf of patient Time
5. HOSPITAL ACCEPTANCE	I direct algumente of our section of parties
A. Name of destination hospital:	
B. Accepted by: That 07-10	Witness
Name Time	
Initials of Person Obtaining	
C. Accepting MD: This son 0710	*
Name	
D. Report Called to: 5725	
Name Time	
THE RESERVE ASSESSMENT OF THE PROPERTY OF THE	

1400 EAST UNION STREET • GREENVILLE, MS 38703

CONDITIONS OF ADMISSION

AUTHORIZATION FOR MEDICAL AND SURGICAL TREATMENT: This is to certify that, I, the undersigned hereby consent to and authorize the administration and performance of treatments and surgical procedures and the administration of any anesthetics which in the judgment of the attending physician may be necessary or advisable. I understand that I have the right to ask questions and to receive information about my care and treatment and to the right to withdraw my consent for treatment or tests. I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS when healthcare personnel have been exposed to my blood and/or body fluids), laboratory procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s). I consent to photographs or videotapes made for the purpose of identification, diagnosis, treatment, or entry into the medical record. This authorization shall expire upon the discharge and removal of patient from the Facility. The Facility is authorized to dispose of tissues removed in performance of surgery prescribed by the undersigned's physician.

PHYSICIAN FEES: The undersigned understands that all doctors furnishing services to the patient, including radiologists, pathologists, anesthesiologists, and the like, may not be employees or agents of the Hospital. Bills for these services will be separate from hospital charges.

LEAVING THE HOSPITAL AGAINST ADVICE: In the event the patient elects to leave the Hospital against the advice of a physician and the Hospital, the patient releases all physicians and the Hospital from all responsibility and any ill effects which may result from such action.

DRUGS: It is imperative that the hospital at all times be aware of the patient's intake. Accordingly, patient shall neither use nor keep any drug or drug appliance/apparatus not prescribed by or on behalf of the attending physician and dispensed by the Hospital under Patient's current stay.

NOTICE OF PRIVACY PRACTICES: I acknowledge that I have received the Hospital's Notice of Privacy Practices.

RELEASE OF INFORMATION

CONSENT TO RELEASE INFORMATION TO INSURANCE COMPANY FOR PAYMENT DETERMINATIONS: I authorize Delta Regional Medical Center to release medical information to any insurance company or agency which I have either filed a claim with or which is assisting me in the payment for services and to any other assigned insurance company for billing purposes. I authorize Delta Regional Medical Center to release medical or other information needed for this or to Medicaid or to the Social Security Administration or its intermediaries or carriers for Medicare claims.

AUTHORIZATION TO RELEASE PATIENT INFORMATION: I hereby authorize Delta Regional Medical Center to release a copy of my record(s) to the attending physician, consulting physicians, follow-up provider(s), or to a transferring medical facility. I further agree to release Delta Regional Medical Center from all legal responsibility or liability that may arise from the release of such records.

GUARANTEE OF PAYMENT

ASSIGNMENT OF BENEFITS: For and in consideration of the services to be rendered to "Patient" I do hereby agree to guarantee the payment of the full and entire amount of all bills rendered for said patient in accordance with the regular rates and terms of the hospital. In the event the undersigned is entitled to hospital benefits of any type whatsoever arising out of any policy of insurance insuring patient or any other party liable to patient, said benefits are hereby assigned to hospital for application on patient's bill, and it is agreed that the hospital may receipt for any such payment.

I also assign payment for the unpaid charges for certain inhospital physician's services furnished by specialists, or by physicians for whom the hospital is authorized to bill. I understand that I am responsible for any health insurance deductibles and co-insurance. Should the account be referred to a collection agency, the undersigned agrees to pay reasonable attorney's fees and collection expense. Undersigned agrees and consents that, if legal action is filed by the hospital to enforce payment of the obligation, venue shall be in Washington County, Mississippi;

TERMS FOR ADMISSION/TREATMENT: Admission/Pre-service deposit or acceptable hospitalization insurance is required for admission and non-emergency treatment at this hospital. Total account is due on admission or at the time of service with allowances made for insurance coverage approved and verified prior to discharge. Any exception to the above must be made before or at the time services are rendered.

NON-MEDICAL NECESSITY FOR PRIVATE ROOM: I understand and agree the private room difference is not covered by Medicare or private insurance and agree to pay all the difference due before or at the time services are rendered.

PERSONAL VALUABLES: I have been informed that I am fully responsible for all personal items which I may bring into the hospital. Delta Regional Medical Center is released from responsibility for all loss or damage of items which are not stored in the Business Office safe. That includes, but is not limited to, any money, jewelry, glasses, dentures, documents, furs or other articles of value unless deposited with the Hospital for safekeeping. The Hospital also provides denture cups for use by patients requiring them. Please take special precautions to be sure your dentures are properly kept and cared for and keep them in a denture cup at all times when you are not using them. The Hospital cannot and will not accept responsibility for their loss. VALUABLES LEFT ___ Yes

ADVANCED DIRECTIVES

law and about the Hospital's policies on honoring such decisions.	o refuse treatment or to appoint health care surrogates under Mississippi state
	Middle King
I have executed a living will.	I have not executed a living will.
	MINORS
AGE OF CONSENT: (1) Consent of a parent, legal guardian or othe obtained his or her 18th birthday. (2) Any female, regardless of age pregnancy or childbirth.	er authorized person is required if the patient is not pregnant and has not yet or martial status, is empowered to give consent for herself in connection with
THE UNDERSIGNED CERTIFIES THAT HE HAS READ AND UNDERS BY THE PATIENT, AS PATIENT'S GENERAL AGENT TO EXECUTE TO	STANDS THE FOREGOING, AND IS THE PATIENT, OR IS DULY AUTHORIZED HE ABOVE AND ACCEPT THE TERMS.
Date	Patient Signature or Authorized Signature
Hospital Representative	Relationship to Patient
	Address Prince-Delta Regional 000015

Address

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 92 of 144 PageID #: 1176

For and in consideration of the rendering of medical and hospital services to
Greenville, Mississippi, an amount equal to the total of all billed hospital and medical services rendered by Delta Regional Medical Center from all sums received by me, or that is payable to me from any policy of insurance, or by way of litigation in any court of equity, administrative board, agency, or before the Mississippi Workmen's Compensation Commission arising out of
an incident, casualty or event which occurred on or about the day of day
matters the model for the shellow them are removed in the period's intellocation and for the company of the com
apparatus for a med by or on bearing of the auditaine and dispensed by the Hranitaida. Taken euren et al.
NOTICE OF PRIVAY 1911 ACTICES: I acknowledge that I have received the Hospital's Malice of Private sections
The above named patient does hereby assign, set over, transfer and convey to the Delta Regional Medical Center an amount equa to the total of all bill amounts for hospitalization and medical services against any and all sums so collected by way of payment judgement, compromise or settlement of any claim asserted against any person, firm or corporation arising out of the incident casualty or event as stated above.
easures and to any other assigned insurance company for billing papers. I authorize beita Hegican Western and to the Security Assignment or its intermediaties or carriers for Medicard or to Medicard or to Medicard or to Medicard or to Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or its intermediaties or carriers for Medicard or to Security Assignment or to Secur
The above named patient does hereby recognize a lien for such services rendered against any and all sums so collected in an amount equal to the total of all hospital and medical services rendered by the Delta Regional Medical Center and which are recovered and collected by way of payment, judgement, compromise or settlement of any claim so asserted against any person firm or corporation arising out of the incident, casualty or event described above.
I hereby authorize Delta Regional Medical Center to notify the person, firm or corporation, or any attorney or agent representing same, against whom a claim is asserted for and on behalf of the above name patient of this assignment and lien and further that this assignment does in and of itself constitute authority for said person, firm or corporation to withhold an amount equal to the sum due said hospital for hospital and medical services and pay same directly to Delta Regional Medical Center.
I hereby authorize the Delta Regional Medical Center to notify any attorney or agent representing the above named patient of this assignment and lien and further that this assignment does in and of itself constitute authority for said attorney or agent to pay sum out of any funds collected by him for or on behalf of the above named patient and further this constitutes authority to notify any insurance company, court agency or commission of said assignment and lien and this assignment shall constitute authority for said insurance company, court, agency or commission to withhold the sums due hereunder for hospital and medical services and pay same directly to Delta Regional Medical Center.
PERSONAL VALUAGE ES-11, ave been informed that I am bully responsible for all personal items which I may Liden with the horselfer. Delta fire factories for the second fire series and the second fire series for the second fire second fire series for the second fire series for the second fire second f
I hereby acknowledge that I have received a true and correct copy of this assignment and that I have signed this assignment of my own true act and deed.
Sept and cared for and Keep shortune cups for use by passents requiring them. The Hospital Care of and will not accord resumed to and Keep shortune and keep shortune cup as a large when you are not using them. The Hospital Care of and will not accord resumed to the control of
ADVANCED DIRECTIVES
ADVANCED DIRECTIVE: I have received information about my right to refuse treatment or to appoint health care, unrogates unuar line of the contraction and the contraction and the contraction and the contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction and the contraction are contracted as a contraction are contract
Witness Patient, Parent or Guardian of Patient
SHOWN
AGE OF CONSENT: (1) Consent of a parent, legal quardian or other authorized person is required if the patient is cut or our process of age or merital status, is empowered to give consent for restautin connection the pregnancy or childbirth
THE UNDERSIGNED CERTIFIES THAT HE HAS BEAD AND UNDERSTANDS THE TORECOING, AND AS THE PATIENT OF SECULA AUTHORIZED BY THE PATIENT, AS PATIENTS GENERAL AGENT TO EXECUTE THE ABOVE 11/10 ACOURT THE TERMS
Date Patient Signalure of Authorized Signalure
Footpital Representative Relationship to Patient

Prince-Delta Regional 000016

MEDICAL RECORD AUTHORIZATION

Patient Name: Date of Birth:	Michael Prince, Jr. 5/12/90
Social Security	Number: XXX-XX-6731
1.	I authorize (name of health care provider) Per Alba (and the provider) to disclose my health information specific to the following date or time period: through the present date.
2.	Individual or entity authorized to receive my health information:
	Derek L. Hall DEREK L. HALL, PLLC 1764 Lelia Drive Jackson, Mississippi 39216 Tel. (601)981-4450 Fax. (601)981-4717
3.	Purpose for which disclosure is to be made: <u>Litigation</u>
4.	Information to be disclosed: (check all that apply)*
	Please send the entire medical record (all information) to the above named recipient.
	□ Discharge Summary □ History & Physical Exam □ Operative Report □ Emergency Room Report □ Laboratory Report □ Radiology Report □ Pathology Report □ Consultation(s) □ EKG □ Transcribed Hospital Reports □ Clinician Office Chart Notes □ Billing Statements
	Other:
*I unde	erstand that this will include health information relating to (check only if applicable):
	☐ HIV (human Immunodeficiency Virus) Infection ☐ Treatment for alcohol and/or drug abuse ☐ Mental Health ☐ Genetic Testing
5.	I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.
6.	I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.
7.	I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.
8.	I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.
Moha	I Bourco of.
Signature of Patie	ent or Patient's Legal Representative Date
Michae	Prince Or.
Print Name of Pa	tient or Legal Representative Legal Representative's Relationship to Patient

000410

51 pgs
**********AUTO**MIXED ADC 300
000000410 09 MB 2.340
ATTN: MOLLY B POOLE
DEREK L HALL PLLC
1911 DUNBARTON DR
JACKSON MS 39216-5002



ATTENTION

Confidential information enclosed. To be viewed by authorized persons only.

If you have questions regarding any information you have requested, Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

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ATTORNEYS AT LAW

April 12, 2013

VIA CERTIFIED MAIL

✓ Delta Regional Medical Center ATTN: Records Department 1400 East Union Street Greenville, Mississippi 38703

> Michael Prince, Jr. Re:

DOB: 05/12/1990

Dear Sir or Madam:

Please be advised that this office represents, Michael Prince, Jr., for personal injuries he sustained on March 17, 2012. Michael Prince Jr., was treated by one or more of your facilities for those injuries. I am requesting a copy of any and all records in your possession, including but not limited to any X-Rays or MRI's for Michael Prince, Jr., from March 17, 2012 to present along with an Affidavit of Custodian. I have enclosed an Authorization for Release of Medical Information. Please include an itemized bill for any an all services from March 17, 2012 to present.

If you require prepayment for these records, please notify me at the address listed below and I will gladly forward the same. Please expedite this request, if the is a fee for expedition please advise me.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Dorok & Hall, pllo

Molly B. Poble Associate Attorney

Cc: File Enc.

| 601.981.4450 | 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.981.4717 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | April 601.9817 | Apri

1911 Dunbarton Drive, Jackson, MS 39210 - dlhattorneys.com

MEDICAL RECORD AUTHORIZATION

Patient Name: Michael Prince, Jr.

Date of Birth Social Securi	: 5/12/90 ty Number: XXX-XX-6731
1.	rounder) Lend Health care to disclose my health information specific to the following date or time period: through the present date.
2.	Individual or entity authorized to receive my health information:
	Derek L. Hall DEREK L. HALL, PLLC 1764 Lelia Drive Jackson, Mississippi 39216 Tel. (601)981-4450 Fax. (601)981-4717
3.	Purpose for which disclosure is to be made: Litigation
4.	Information to be disclosed: (check all that apply)*
	Please send the entire medical record (all information) to the above named recipient.
	Discharge Summary Emergency Room Report Pathology Report Transcribed Hospital Reports History & Physical Exam Laboratory Report Consultation(s) Clinician Office Chart Notes Uperative Report Radiology Report REKG Billing Statements
	Other:
*I und	lerstand that this will include health information relating to (check only if applicable):
	HIV (human Immunodeficiency Virus) Infection Treatment for alcohol and/or drug abuse Mental Health Genetic Testing
5.	I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.
6.	I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.
7.	I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.
8.	I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.
Moha	Il Cource of.
Signature of Pati	Topicsellialive Date
1 A TOTAL SECTION AND ADDRESS OF THE PARTY O	tient or lead D
	Legal Representative Legal Representative's Relationship to Patient

AFFIDAVIT BY CUSTODIAN OF MEDICAL RECORDS

STATE OF MISSISSIPPI

COUNTY OF WASHINGTON

The undersigned being duly sworn does state on oath as follows:

- 1. That he/she is the duly authorized custodian of the medical records of DELTA REGIONAL MEDICAL CENTER and has the authority to certify said records.
- 2. That the within and annexed are true and correct copies of medical records of Michael Place JE., which appear to the undersigned to be described in the request for medical records.
- 3. The within and annexed records were prepared either by the personnel of DELTA REGIONAL MEDICAL CENTER or its staff physicians or by persons acting under the control of either of them, in the ordinary course of business at or near the time of the act, condition or event reported therein.

I certify these statements to be accurate and correct.

Sworn and subscribed before me this 17 day of Cepil, 2013.

Burly Brun Calle



1400 East Union St. PO Box 5247 Greenville, MS 38704-5247

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Location: D1SE

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION:

SIGN INFORMATION:

Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Coding Summary 03/17/2012 07:35 Transcribed

CODING DATE: 03/23/2012 Delta Regional Medical Center FINAL

Male

ADMIT DX:

784.1 THROAT PAIN

729.81 SWELLING OF LIMB

REASON FOR VISIT DX:

FINAL DX.
PRINCIPAL:

473.9 UNSPECIFIED SINUSITIS (CHRONIC)

SECONDARY:

959.8 OTHER AND UNSPECIFIED INJURY TO OTHER SPECIFIED SITES, INCLUDING MULTIPLE

E917.9 OTHER ACCIDENT CAUSED BY STRIKING AGAINST OR BEING STRUCK
ACCIDENTALLY BY OBJECTS OR PERSONS WITH OR WITHOUT SUBSEQUENT FALL
E849.9 ACCIDENTS OCCURRING IN UNSPECIFIED PLACE

PYMT

PROC APC STAT DESCRIPTION

DOCTOR NAME

DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 1 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FiN: 000145678

DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

Coded By: Zuniga, Jennifer Date Saved: 03/23/2012 08:35 Admitting: Bearry MD, John Houston

Admit: 03/17/2012 Discharge: 03/17/2012

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Discharge Summaries

Document Type: ED Patient Summary
Service Date/Time: 03/17/2012 07:35
Result Status: Auth (Verified)

Performed Information: Johnston, Adam (03/17/2012 07:35)
Signed Information: Johnston, Adam (03/17/2012 07:35)

ED Patient Summary

Delta Regional Medical Center Patient Discharge Instructions

Name: PRINCE JR, MICHEAL Current Date: 03/17/12 07:35:15

DOB: 5/12/1990 12:00 AM **MRN:** M18-84-54 **FIN:** 000145678

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 335-5755

Primary Care Provider:

Name: Phone:

Discharge Diagnosis: Sinusitis 473.9

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHEAL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 3 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL MRN: M18-84-54 Admitting: Bearry MD,John Houston FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012	
Location: D1SE	
Discharge Summaries	
Prescriptions	
New Medications	
None	
Medications to Continue Taking That Have Changed	
None	
Medications to Continue with No Changes	
carbamazepine (Tegretol), 4 times a day, Refills: 0	
phenobarbital . Refills: 0	
phenobarbital . Retills: 0	
No Longer Take the Following Medications	
None	
Contact Your Physician Prior to Taking the Following Medications	
None	
I, PRINCE JR, MICHEAL, have received the attached patient education materials/instructions have verbalized understanding:	and
Patient Signature Date Provider Signature Date	
Patient education materials, if any, will display below	
Prescription leaflets, if any, will display below	

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 4 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Discharge Summaries

Document Type: ED Clinical Summary
Service Date/Time: 03/17/2012 07:35
Result Status: Auth (Verified)

Performed Information: Johnston, Adam (03/17/2012 07:35)
Signed Information: Johnston, Adam (03/17/2012 07:35)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHEAL

MRN: M18-84-54 FIN#:000145678

PHYSICIANS

Admitting Physician: Bearry, John Houston Attending Physician: Bearry, John Houston

PCP:

Discharge Diagnosis: Sinusitis 473.9

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol), 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 5 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Discharge Summaries

phenobarbital, Refills: 0 phenobarbital, Refills: 0

DISCHARGE INFORMATION Discharge Disposition:

Discharge/Transfer to Other HC Fac

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227027 Page 6 of 28 Print Date/Time: 04/16/2013 08:21

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 104 of 144 PageID #: 1188

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit. 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

ED Physician Record

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227027 Page 7 of 28 Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL

Date of Birth: 05/12/1990

MRN: M18-84-54 FIN: 000145678

* Auth (Verified) *

Emergency Department Provider Documentation Addendum

Facility Name: DEI TA REGIONAL MEDICAL CENTER

Patient Name PRINCE JR, MICHEAL

DOB: 5/12/1990

Date Of Service: 03/17/2012
Facility MRN: M188454
Facility Account Number: 000145678
Encounter #: 31759040

Non-Physician Provider Signature Missing

By signing, I verify that I treated this patient on the date of service noted above.

1

Additional documentation or clarifications

Electronically signed by Thomas, Lesia NP (193766) 4/23/2012 9:37:26 PM

Generated on: 4/23/2012 9.38;14 PM

Page 1 of 1

Patient: PRINCE JR, MICHAEL

Admitting: Bearry MD, John Houston M18-84-54 MRN:

Admit: 03/17/2012 FIN: 000145678 Discharge: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male

Location: D1SE

DOCUMENT NAME: Triage Note 03/17/2012 04:20 SERVICE DATE/TIME: Auth (Verified) **RESULT STATUS:**

Dubose, Myrna (03/17/2012 04:20) PERFORM INFORMATION: Dubose, Myrna (03/17/2012 04:20) SIGN INFORMATION:

> ED Triage Adult Entered On: 03/17/12 4:26 CDT Performed On: 03/17/12 4:20 CDT by Dubose, Myrna

Triage

Chief Complaint/

Mechanism of Injury: hit in face with a flashlight, teeth chipped up and left eye swollen

unablee to straighten fingers out on left hand, coughing up blood Reason Unable to Obtain Current Visit Information: None

Mode of Arrival . Police

Pain Symptoms: Yes, able to self report

Vital Signs: Yes ED Condensed

Treatment & Assessment: Yes

Dubose, Myrna - 03/17/12 4:20 CDT

Diagnoses(Active)

Date: 03/17/2012; Diagnosis Type: Reason For Visit; Eye pain

Confirmation: Probable; Clinical Dx: Eye pain; Classification: Medical; Clinical Service: Non-Specified; Code: SNOMED

CT; Probability: 0; Diagnosis Code: 2579394014

ESI

Is This

Patient Dying?: No

Is This a Patient Who Shouldn't Wait? : No.

How Many Resources Will This Patient Need?: Many

Recommended ESI Level: 3

Dubose, Myrna - 03/17/12 4:20 CDT

DCP GENERIC CODE

Tracking Acuity: 3

Tracking Group: DLTA ED

Dubose, Myrna - 03/17/12 4:20 CDT

Allergies/Home Meds

ED Hx and Allergies: Yes

Dubose, Myrna - 03/17/12 4:20 CDT Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified; Created By: Dubose,

Myrna; Reaction Status: Active; Category Drug; Substance: No Known Allergies; Type: Allergy; Updated By: Dubose,

Myrna, Reviewed Date: 03/17/12 4:24 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 9 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Medication List

Medical History, Problems, Diagnoses

<u>Diagnoses(Active)</u>

Eye pain Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Eye pain; Classification: Medical; Clinical Service: Non-Specified; Code: SNOMED

CT; Probability: 0; Diagnosis Code: 2579394014

Primary Pain ED

Primary Pain Location: Eye Numeric Rating Scale: Yes ED Patient No Pain: Yes Numeric Rating: 6 Time Pattern: Acute Quality: Sharp Pain Radiates: No

Dubose, Myrna - 03/17/12 4:20 CDT

Vitals/Ht/Wt

Temperature Oral: 36.6DegC(Converted to: 97.9DegF)

Peripheral Pulse Rate: 68bpm Respiratory Rate: 18br/min

Systolic/

Diastolic BP: 146mmHg (HI)

Systolic/

Diastolic BP: 72mmHg

Height/Length Estimated: 165.00cm(Converted to: 5ft 5in, 5.41ft, 64.96in)

Weight Estimated: 72.730kg(Converted to: 160lb 5oz, 160.342lb)

Assess/Tx

Level of Consciousness: Not sedated

Orientation: Oriented x 4
OB Skin Color: Pink
Skin Description: Dry

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Dubose, Myrna - 03/17/12 4:20 CDT

Report Request ID: 5227027 Page 10 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Skin Temperature: Warm Pre-Arrival Treatments: None

Dubose, Myrna - 03/17/12 4:20 CDT

Procedure History

Procedure History

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

ED Note-Nursing 03/17/2012 04:39 Auth (Verified)

Miles, April (03/17/2012 04:39) Miles, April (03/17/2012 04:39)

ED Assessment Adult Entered On: 03/17/12 4:42 CDT Performed On: 03/17/12 4:39 CDT by Miles, April

ID Screen

TB Symptoms Grid Bloody Sputum: No

Fatigue: No Fever: No

Loss of Appetite: No Night Sweats: No

Persistent Cough Greater Than 3 Weeks: No

Weight Loss: No

Miles, April - 03/17/12 4:39 CDT

Syndrome Surveillance Symptoms Grid

Headache: Yes

Illness With Generalized Rash: No

Muscle Pain: Yes

New or Worsening Cough: No Shortness of Breath: No

Recent Exposure to Communicable Disease: No

Travel Within Last 14 Days: No

Miles, April - 03/17/12 4:39 CDT

Miles, April - 03/17/12 4:39 CDT

Past Medical History, Problems, Diagnoses

Diagnoses(Active)

Eye pain Date: 03/17/2012; Diagnosis Type: Reason For Visit;

Confirmation: Probable ; Clinical Dx: Eye pain ; Classification: Medical ; Clinical Service: Non-Specified ; Code: SNOMED

CT; Probability. 0; Diagnosis Code: 2579394014

Procedure History

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 11 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Procedure History

Social History

Patient Smoking History: Current everyday smoker

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? : Yes

Miles, April - 03/17/12 4:39 CDT

Social History

Alcohol: High Risk

(Last Updated: 03/17/12 04:40:38 by Miles, April)

Tobacco: High Risk

(Last Updatec: 03/17/12 04:40:45 by Miles, April)

Substance Abuse: Denies Substance Abuse

(Last Updated: 03/17/12 04:41:14 by Miles, April)

General

Immunizations Current: Yes
Last Tetanus: Greater than 5 years
Influenza Vaccine Status: Refused
Pneumococcal Vaccine Status: Refused

Infectious Diseases: None Languages: English Domestic Concems: None Suicidal Ideation: None Pregnancy Status: N/A

Miles, April - 03/17/12 4:39 CDT

DOCUMENT NAME: ED Patient Education Note

SERVICE DATE/TIME: 03/17/2012 07:35
RESULT STATUS: Auth (Verified)

PERFORM INFORMATION:

SIGN INFORMATION:

Johnston,Adam (03/17/2012 07:35)

Johnston,Adam (03/17/2012 07:35)

ED Patient Education Note

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 12 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Location: D1SE

FIN:

Orders

Patient Care

Order: Vision Testing

Order Date/Time 03/17/2012 05:00

Order Status: Discontinued

Department Status: Discontinued

Activity Type: POC Asmt/Tx/Monitoring

End-state Date/Time: 03/17/2012 07:35 Ordering Physician: Thomas,Lesia

End-state Reason: Consulting Physician:

Entered By: SYSTEM on 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Order Comment:

Action Type: Discontinue

Action Date/Time: 03/17/2012 07:35

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information: Order Comment:

Action Type: Order

Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:00:00 CDT, Once, Stop date 03/17/12 5:00:00 CDT

Review Information:

Nurse Review: Electronically Signed, Bennett, Stephanie on 03/17/2012 05:16

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 13 of 28

Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Orders

Radiology

Order: XR Hand Complete Left
Order Date/Time: 03/17/2012 05:06

Order Status: Completed Department Status: Completed Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:44 End-state Reason: Ordering Physician: Thomas,Lesia Consulting Physician:

Entered By: Collier, Michael on 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Order Comment:

Action Type: Complete Action Date/Time: 03/17/2012 09:44

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change Action Date/Time: 03/17/2012 05:49

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Review Information: Order Comment:

Action Type: Status Change Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No

Review Information: Order Comment:

Action Type: Order Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:06:00 CDT, Stat, Once, Stop date 03/17/12 5:06:00 CDT, Reason: Injury, hand, No.

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign: Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227027 Page 14 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting. Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Orders

Radiology

Order: CT Maxillofacial w/o Contrast
Order Date/Time: 03/17/2012 05:05

Order Status: Completed Department Status: Completed Activity Type: Radiology

End-state Date/Time: 03/17/2012 09:56 End-state Reason: Ordering Physician: Thomas,Lesia Consulting Physician.

Entered By: Collier, Michael on 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No.

Order Comment:

Action Type: Complete Action Date/Time: 03/17/2012 09:56

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Order Comment:

Action Type: Status Change Action Date/Time: 03/17/2012 05:51

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No.

Review Information: Order Comment:

Action Type: Status Change Action Date/Time: 03/17/2012 05:33

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information: Order Comment:

Action Type: Order Action Date/Time: 03/17/2012 05:07

Order Details: 03/17/12 5:05:00 CDT, Stat, Once, Stop date 03/17/12 5:05:00 CDT, Reason: Trauma, No

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 04/01/2012 01:02

Doctor Cosign. Not Reviewed

Order Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 15 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD,John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Progress Notes

Document Type: Progress Note - Nursing
Service Date/Time: 03/17/2012 07:35
Result Status: Auth (Verified)

Performed Information:

Johnston, Adam (03/17/2012 10:45)

Signed Information:

Johnston, Adam (03/17/2012 10:45)

Pt released in sherriff custody. S.O. officer to take patient to UMMC.

Released in hand/feet cuffs.

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227027 Page 16 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000145678

DOB/Age/Sex: 05/12/1990 22 years

Male

Admitting: Bearry MD, John Houston

Admit: 03/17/2012

Discharge: 03/17/2012

Location: D1SE

Substance

Allergies

Allergy Type Reaction Status Reaction Symptom Reviewed Date/Time

No Known Allergies

Allergy

Active

03/17/2012 05:00

Print Date/Time: 04/16/2013 08:21

Social History

Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)

Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 17 of 28

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Computed Tomography

Accession Number Exam Date/Time Procedure
01-CT-12-03106 03/17/2012 05:51 CT Maxillofacial w/o Con

Procedure Ordering Dr.
CT Maxillofacial w/o Contrast Thomas,Lesia

Reason For Exam

(CT Maxillofacial w/o Contrast) Trauma

Report

History: Assault

CT scan of the face done without intravenous contrast with no older studies for comparison with previous reading from night rays which I concur shows mild mucoperiosteal thickening in both ethmoid and the right maxillary sinus with intact craniocervical junction and mandible as well as TM joints. The nasal septum is deviated slightly to the left in the posterior portion with mild discontinuity here suggesting a small fracture. The nasal bone shows irregularities suggesting a nondisplaced fracture. The periorbital region appears intact with no blowout fractures with no maxillary fractures identified. There is soft tissue swelling in the left periorbital region with the left globe intact. This extends into the left knee nasal area. There is disconjugate gaze with the left eye looking laterally in comparison to the right eye which probably accounts for the medial deviation of the left optic nerve.

Impression: Mild nasal fracture with a mild septal fracture with sinus disease but no blowout fractures. Disconjugate gaze.

***** Final *****

Dictated by: Collier, Michael Dictated DT/TM: 03/17/2012 9:43 am

Signed by: Collier, Michael

Signed (Electronic Signature): 03/17/2012 9 55 am

General Diagnostic

Accession Number 01-XR-12-08425

Exam Date/Time 03/17/2012 05:48

Procedure XR Hand Complete Left

Ordering Dr. Thomas,Lesia

Reason For Exam

(XR Hand Complete Left) Injury, hand

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 18 of 28 Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD,John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

General Diagnostic

Accession Number Exam Date/Time Procedure Ordering Dr. 01-XR-12-08425 XR Hand Complete Left Thomas, Lesia

Report History: Injury

Three views of the left hand shows intact distal radius and ulna as well as scapholunate distance and carpus with intact metacarpals. The digits show intact joint spaces.

Impression: No fractures seen.

**** Final *****

Dictated by: Collier, Michael
Dictated DT/TM: 03/17/2012 9:41 am
Signed by: Collier, Michael

Signed (Electronic Signature) 03/17/2012 9.42 am

Report Request ID: 5227027 Page 19 of 28 Print Date/Time: 04/16/2013 08:21

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 117 of 144 PageID #: 1201

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Consents

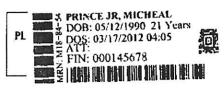
LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 20 of 28 Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL Date of Birth: 05/12/1990 MRN: M18-84-54 FIN: 000145678

* Auth (Verified) *

DELTA REGIONAL MEDICAL CENTER Greenville, Mississeppi



Transfer Form

1 Fallst	er form	
1. PATIENT CONDITION	-Discharge Vitals	Time:
A. [] There is no reasonable likelihood of	132/0-	7.2
deterioration from or during transport.	B/P 17170	Pulse / 2
Proposition and the state of the control of the state of	Resp /S	Temp 36.8
B The patient may be at risk for	WITHIN 15 MINUTES C	TOTAL O
deterioration from or during transport		
	6. MODE OF TRAI	SPORT
C. [] Patient is pregnant with contractions	[] ALS Ambulance	2.2
Based imag mill august salam of the mailine and	[] BLS Ambulance	p Man M
Based upon my examination of the patient and the information available to me at the time of	[] Helicopter	By Sherth
transfer, I certify that the risks of transfer are	[] Fixed Wing Aircraft	
outweighed by the benefits reasonable	[] Additional Personne	1/10/10
anticipated from proper care at the receiving	[] RN [] Respirate	ory Therapist
facility.	[] Other:	
2. RISKS OF TRANSFER	Medications/ Equipmen	nt sent with patient:
me		4
	Medical Records sent v	with patient at the time of
	transfer (check all that	
[x] All transfers have inherent risks of delays or	[] Copy of lab results	(3 Physician H&P
accidents in transit, pain or discomfort upon	[] Copy of EKG	Progress Notes
movement, and limited medical capacity of		[] Med. Admin. Rec.
transport units that may limit available care in	[] Prenatal Record	
the event of a crisis.	Service Contacted:	
3. BENEFITS OF TRANSFER	Ву	TimeETA
		ENT TO TRANSFER
Som mt anulatile -	- I acknowledge that my	
	been evaluated and exp Emergency Department	- C 1978 (C 1977)
4. REASON FOR TRANSFER	qualified medical perso	
A. The equipment or services not available		l benefits of such transfer
at this facility (list)	나는 것 같아요. 아이지 아이지 않는데 되었다면 하나 하나 없는데 하다 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데	me and I fully understand
B. [] Patient-initiated request for transfer. Services are available here and offered to	them.	
patient, who wishes of their own volition	[S41 hereby CONSE	NT to transfer.
and sequest to be transferred.	[] I hereby REFUS	E transfer and I request
Physician Constanting Diseases Date/Time	instead to continue	treatment at:
	11/	-
	menal 45	determination There
5. HOSPITAL ACCEPTANCE	Palient ofgregore or on behalf	of patient Time
A. Name of destination hospital:		
B. Accepted by: Tune	(Wicana A.)	Time
SHINKTIALS OF PRESON ORTAINING		
ACCHIPTANCII	一种发生的 10.00mm	
C (According MD: Thugson 0110		
D. Report Called to: 1725		
Name Time		
INSTIALS OF PERSON OBTAINING ACCEPTANCE		

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027 Page 22 of 28 Print Date/Time: 04/16/2013 08:21

Patient Name: PRINCE JR, MICHAEL Date of Birth: 05/12/1990

MRN: M18-84-54 FIN: 000145678

* Auth (Verified) *

1400 E Union St **Delta Regional Medical Center** (662) 378-3783 GREENVILLE, MS 387045247 Patient Information -Patient Name: PRINCE JR. MICHEAL Sex: Male Home Address: 590 HAMEL ST DOB: 05/12/1990 GREENVILLE, MS 38703283 Age: 21 Years Religion: Baptist Home Phone: (662) 335-5755 Employer Name: Not Employed SSN: 426696731 **Employer Phone:** Guarantor Information -Guarantor Name: PRINCE JR, MICHEAL Sex: Male Patient's Reitn: SELF DOB: 05/12/1990 Billing Address: 590 HAMEL ST Age: 21 Years GREENVILLE, MS 387032831 Religion: Baptist Billing Phone: (662) 335-5755 SSN: 426696731 **Employer Name: Employer Phone:** Contact information. **Emergency Contact** Next of Kin Contact Name: PRINCE, DORA Contact Name: Patient's Reitn: Other Relationship Patient's Relts: Sax: Say. Home Phone: (682) 335-5755 Home Phone: Primary Insurance Subscriber Name: PRINCE JR, MICHEAL Insurance Name: Miscellaneous Commercial Health Pla Patient's Reltn: SELF Claim Address: 216 MAIN ST Greenville, MS 38701 Sex: Male DOB: 05/12/1990 Insurance Phone: (662) 378-1515 Age: 21 Years Policy Number: 426696731 Employer Name: Not Employed Employer Phone: Group Number: **Authorization Number:** Financial Class: Commercial Insurance **Authorization Phone: Authorization Contact:** Secondary Insurance Subscriber Name: Insurance Name: Patient's Reitn: Claim Address: Sax: Insurance Phone: DOB: Age: 0 Days **Policy Number: Employer Namo:** Group Number: Employer Phone: Financial Class: **Authorization Number: Authorization Phone: Authorization Contact: Encounter Information** Reg Dt/Tm: 03/17/2012 04:05 Admit Type: Emergency Admit Source:Non-HealthCare Poi Patient Type: Emergency Medical Service: Emergency Room Est Dt of Arrival: Inpt Adm Dt/Tm: Advance Directive:No, info not provi Location: DISE Disch Dt/Tm: Room/Bed: / Reg Clerk: Jackson, Stacy Observation Dt/Tm: Admit Physician:Bearry, John Hous isolation: VIP Indicator: Disease Alert: Attend Physician Bearry, John Hous Admit Reason: Medical problem PCP:

PRINCE JR, MICHEAL

MRN: M18-84-54

Male / 21 Years

FIN: 000145678

Printed By: Jackson, Stacy on 03/17/2012 05:14 to printer dpemrg01 Registration last updated by: Jackson, Stacy on 03/17/2012 05:14

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 121 of 144 PageID #: 1205

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Miscellaneous

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227027 Page 24 of 28 Print Date/Time: 04/16/2013 08:21

MRN: M18-84-54 FIN: 000145678

" Auth (Verified) "

Storn Report 3 1. 16623542829 Page 111 Date 3:1/2012:5-37:41:xbr

Page 1 of 1



RADIOLOGY REPORT

866.915.6900 www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St P.O. Box 5247 Greenville, Miss 38704

Patie of PRINCE MICHEAL JR MRN 188454

5/12/1990

Hospital Code Accession No. 01-CT-12-03106 Ref Physician THOMAS LESIA

Study: CT FACE -

Tech Notes. **Tech Findings:**

ASSAULTVFACIAL WO - THOMAS LESIA -

Study Date: 03/17/2012 05:39

*** PRELIMINARY REPORT ***

1132

"" PRELIMINARY REPORT ""

HISTORY:

21M. Assault

CT the facial cones without contrast, no comparison.

Mild left preorbital and premaxillary soft tissue swelling

No evidence of acute fracture.

Regions of mild mucosel thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular a ignment maintained

Unerupted teeth seen within the anterior aspect of the maxilla

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital nematoma

IMPRESSION

- 1. No acute fracture.
- 2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital he material This is of uncertain clinical significance. Correlate with visual acuity and physical examination
- 3. Left premaxil:ary/preorbital soft tissue swelling



Burry

Ted Brewer, M.D.

03/17/2012 6:32 AM Central

Turnaround:32m

Confidential information: This transmission contains information that is confidential and/or largetly previously. This information is extended only for the copying, distributions or the teking of any action in release of the uniformation is strettly probabled. Regarding this, please contact us by phone immediately so that we may arrange for the proper delivory of this information. NightRays. PA

MRN: M18-84-54 FIN: 000145678

* Auth (Verified) *

Page I of I



RADIOLOGY REPORT

866.915.6900 www.rays.net

DELTA REGIONAL MEDICAL CENTER

1400 East Union St P.O. Box 5247 Greenville, Miss 38704

Patient PRINCE MICHEAL JR MRN 188454 DOB 5/12/1990 Hospital Code Accession No. 1132

01-CT-12-03106

Ref Physician THOMAS LESIA

Study: CT FACE -

Study Date: 03/17/2012 05:39

Tech Notes: ASSAULT\FACIAL WO - THOMAS LESIA -Tech Findings:

*** PRELIMINARY REPORT ***

HISTORY:

21M. Assault.

CT the facial bones without contrast, no comparison.

FINDINGS:

Mild left preorbital and premaxillary soft tissue swelling.

No evidence of acute fracture.

Regions of mild mucosal thickening within the paranasal sinuses with no air-fluid levels.

Temporomandibular alignment maintained.

Unerupted teeth seen within the anterior aspect of the maxilla.

The globes maintain normal contour.

There is mild medial deviation of the left optic nerve in the orbit.

However, there is no evidence of retro-orbital hematoma.

IMPRESSION:

- 1. No acute fracture.
- 2. Medial deviation of the left optic nerve within the orbit, with no evidence of retro-orbital hematoma. This is of uncertain clinical significance. Correlate with visual acuity and physical examination.
- 3. Left premaxillary/preorbital soft tissue swelling.

Party of

Test Remute, M.D. 03/17/2012 8:32 AM Central Turneround:32m

al priorizaçon. This transmission comains entornation that is contitental and/or legally privileged. This information is statemed only for the use of the find-fidual or embraced recipient, sits, are servicy notified that any disclosure, copying, diseables, or the salary of any accord in reference of the contients of this information at seal we by privilege years of embraced recipients. Put the contients are seal on by privilege years of the property of the property of the contients in the contients in the contients of the conti

https://rt.nightrays.com/Medical/StudyReportBatch.aspx?StudyId=1415744

3/17/2012

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

and the second s

Measurements

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Height/Length Estimated 165.00 cm Weight Estimated 72.730 kg

Vital Signs

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range Temperature Oral 36.6 DeaC [35.8-37.3] Peripheral Pulse Rate 68 bpm [60-100] Respiratory Rate 18 br/min [14-20] Systolic Blood Pressure 146 H mmHa [90-140] Diastolic Blood Pressure 72 mmHg [60-90]

Pain

Pain Assessment

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Pain Symptoms Self Report Yes, able to self report

Primary Pain Location Eye
Numeric Pain Scale 6
Primary Pain Time Pattern Acute
Primary Pain Quality Sharp
Primary Pain Radiation No

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227027

Page 27 of 28

Print Date/Time: 04/16/2013 08:21

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting: Bearry MD, John Houston

FIN: 000145678 Admit: 03/17/2012 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/17/2012

Location: D1SE

Integumentary

Integumentary Assessment

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Skin Temperature Warm Skin Description Dry

Neurological

Neurological Assessment

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose, Myrna

Procedure Units Reference Range

Level of Consciousness Not sedated

Psychosocial

Suicide Risk Assessment

Recorded Date 03/17/2012
Recorded Time 04:39
Recorded By Miles, April

Procedure Units Reference Range

Suicidal Ideation None

Psychological Functions

Recorded Date 03/17/2012
Recorded Time 04:20
Recorded By Dubose,Myrna

Procedure Units Reference Range

Orientation Assessment Oriented x 4

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227027

Page 28 of 28

Page 28 of 28 Print Date/Time: 04/16/2013 08:21

Admitting:



1400 East Union St. PO Box 5247 Greenville, MS 38704-5247

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

FINAL

Location: D1SE

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: Coding Summary 03/26/2013 00:05 Transcribed

CODING DATE: 03/29/2013
Delta Regional Medical Center

ADMIT DX:

784.0 HEADACHE

REASON FOR VISIT DX: 784.0 HEADACHE

FINAL DX: PRINCIPAL:

784.0 HEADACHE

SECONDARY:

V64.2 SURGICAL OR OTHER PROCEDURE NOT CARRIED OUT BECAUSE OF PATIENT'S DECISION

PYMT

PROC APC STAT DESCRIPTION DOCTOR NAME DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: James, Gladys Date Saved: 3/29/2013 7:02 AM

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 1 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Discharge Summaries

Document Type: ED Patient Summary
Service Date/Time. 03/26/2013 00:05
Result Status: Auth (Verified)

Performed Information:

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

Jones RN,Martha (03/26/2013 00:05)

ED Patient Summary

Delta Regional Medical Center Patient Discharge Instructions

Name: PRINCE JR, MICHAEL Current Date: 03/26/13 00:05:27

DOB: 5/12/1990 12:00 AM **MRN:** M18-84-54 **FIN:** 000261336

Patient Address: 590 HAMEL ST GREENVILLE MS 387032831

Patient Phone: (662) 820-9784

Primary Care Provider:

Name: Phone:

Discharge Diagnosis:

Delta Regional Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

PRINCE JR, MICHAEL has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 2 of 17 Print Date/Time: 04/16/2013 08:22

Delta R	egional Medical Cer	nter					
MRN: FIN:	PRINCE JR, MICH M18-84-54 000261336 ge/Sex: 05/12/1990		Male	Admitting: Admit: Discharge:	03/25/2013 03/26/2013		
•	n: D1SE	•					
			Discharg	e Summari	 es	An instrument of the contract	
Presci	riptions	***************************************					r menaserasan m
	Aedications						
Noi							
	ations to Continuo	a Tukina Tl	at Hoya Chana	ad.			
Noi		r raking II	iat iiate Chang	jeu			
	itions to Continue	a with Na C	haneen				
			••	. 0			
	bamazepine (Teg		ies a day, Reinis	: U			
-	enobarbital , Refil						
_	nobarbital , Refil						
	iger Take the Foll	lowing Med	lications				
Nor	ne						
Contac	t Your Physician	Prior to Ta	king the Follow	ing Medicat	ioas		
Nor	ne						
I, PRII have ve	NCE JR, MICHAI erbalized undersi	EL, have re tanding:	eceived the atta	ched patier	nt education ma	iterials/instruc	tions and
5 .: .							
Patient	Signature	Dat	te P	rovider Sign	ature	Date	
Patient	education mat	erials, if aı	ny, will display	below			
Prescri	iption leaflets, i	fany will	dienlay balaw				
	.paon isances, r	any, wiii t	nishiay nelow				

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227071 Page 3 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

M18-84-54 MRN: FIN: 000261336

Admitting: Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Discharge Summaries

Document Type: Service Date/Time: Result Status:

ED Clinical Summary 03/26/2013 00.05 Auth (Verified)

Performed Information. Signed Information:

Jones RN, Martha (03/26/2013 00:05) Jones RN, Martha (03/26/2013 00:05)

ED Clinical Summary

Delta Regional Hospital Clinical ED Discharge Instructions

PERSON INFORMATION

Name: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN#:000261336

PHYSICIANS

Admitting Physician:

Attending Physician: ONeal MD, Ellis Hilton

PCP:

Discharge Diagnosis:

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Medication Leaflets:

Follow up:

MEDICATION LIST

carbamazepine (Tegretol), 4 times a day, Refills: 0

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 4 of 17 Print Date/Time: 04/16/2013 08:22 Admitting:

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Discharge Summaries

phenobarbital . Refills: 0
phenobarbital , Refills: 0

DISCHARGE INFORMATION
Discharge Disposition:
Elopement

Comment:

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227071 Page 5 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

DOCUMENT NAME: Triage Note SERVICE DATE/TIME: 03/25/2013 23:24 RESULT STATUS: Auth (Verified)

PERFORM INFORMATION: Jones RN Martha (03/25/2013 23:24) SIGN INFORMATION: Jones RN, Martha (03/25/2013 23:24)

> ED Triage Adult Entered On: 03/25/13 23:27 CDT Performed On: 03/25/13 23:24 CDT by Jones RN, Martha

Triage

Chief Complaint/

Mechanism of Injury: pt states h/a for 2-3 days, not relieved with advil

Reason Unable to Obtain Current Visit Information: None

Mode of Arrival: Walking

Pain Symptoms Yes, able to self report

Vital Signs: Yes ED Condensed

Treatment & Assessment: Yes

Jones RN, Martha - 03/25/13 23:24 CDT

Jones RN, Martha - 03/25/13 23:24 CDT

Diagnoses(Active)

Headache Date: 03/25/2013; Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Headache;

Classification Medical; Clinical Service: Non-Specified;

Code: PNED; Probability: 0; Diagnosis Code: 06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

ESI

Is This

Patient Dying?: No

Is This a Patient Who Shouldn't Wait? : No

How Many Resources Will This Patient Need?: Many

Recommended ESI Level: 3

DCP GENERIC CODE

Tracking Acuity: 3

Tracking Group: DLTA ED

Jones RN, Martha - 03/25/13 23:24 CDT Allergies/Home Meds

ED Hx and Allergies: Yes

Jones RN, Martha - 03/25/13 23:24 CDT Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified; Created By: Dubose RN, Myrna, Reaction Status: Active; Category: Drug;

Substance: No Known Allergies; Type: Allergy; Updated By: Dubose RN, Myrna; Reviewed Date: 03/17/12 5:00 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 6 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Medication List

Medical History, Problems, Diagnoses

Diagnoses(Active)

Headache Date: 03/25/2013 ; Diagnosis Type: Reason For Visit ;

Confirmation: Probable ; Clinical Dx: Headache ;

Classification: Medical; Clinical Service: Non-Specified;

Jones RN, Martha - 03/25/13 23:24 CDT

Code: PNED; Probability: 0; Diagnosis Code: 06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Primary Pain ED

Primary Pain Location: Head Numeric Rating Scale: Yes ED Patient No Pain: No Numeric Rating: 8

Time Pattern: Intermittent

Onset: Sudden
Pain Duration: 2-3
Quality: Aching
Pain Radiates: No

Aggravating Factors: None Associated Symptoms: None

Vitals/Ht/Wt

Temperature Source: Oral Temperature: 36.6DegC

Apical Heart Rate: 84bpm

Respiratory Rate: 18br/min

Systolic/

Diastolic BP: 134mmHg

Systolic/

Diastolic BP: 71mmHg

SpO2: 100%

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 7 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Height/Length Estimated 167.64cm(Converted to: 5ft 6in, 5.50ft, 66.00in)

Weight Estimated: 81.820kg(Converted to: 180lb 6oz, 180.382lb)

Jones RN, Martha - 03/25/13 23:24 CDT

Assess/Tx

Level of Consciousness · Calm and cooperative

Orientation: Oriented x 4

Affect/Behavior: Appropriate, Calm, Cooperative

OB Skin Color: Pink Skin Description: Dry Skin Temperature: Warm Pre-Arrival Treatments: None

Procedure History

Jones RN, Martha - 03/25/13 23:24 CDT

Procedure History

DOCUMENT MANY

DOCUMENT NAME: ED Note-Nursing
SERVICE DATE/TIME: 03/25/2013 23:28
RESULT STATUS: Auth (Verified)

PERFORM INFORMATION:

Auth (Verified)

Jones RN, Martha (03/25/2013 23:28)

SIGN INFORMATION: Jones RN, Martha (03/25/2013 23:28)

ED Assessment Adult Entered On: 03/25/13 23:28 CDT Performed On: 03/25/13 23:28 CDT by Jones RN, Martha

ID Screen

TB Symptoms Grid
Bloody Sputum: No

Fatigue No Fever No

Loss of Appetite: No Night Sweats: No

Persistent Cough Greater Than 3 Weeks: No

Weight Loss: No

Alcohol and Drug Use: No

Resident of Institutional Living Environment: No Employee of Institutional Living Environment: No

Health Care Employee No History of Exposure to TB No

History of Positive Chest X-Ray for TB: No History of Positive TB Skin Test: No

Homeless: No

Known Immunosuppression: No

Jones RN, Martha - 03/25/13 23:28 CDT

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 8 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Recent Immigrant: No

Jones RN, Martha - 03/25/13 23:28 CDT

Syndrome Surveillance Symptoms Grid

Headache: Yes

Illness With Generalized Rash: No

Muscle Pain: No

New or Worsening Cough: No Shortness of Breath: No

Recent Exposure to Communicable Disease: No

Jones RN, Martha - 03/25/13 23:28 CDT

Glasgow Coma

Eye Opening: Spontaneously Best Verbal Response: Oriented

Best Motor Response: Obeys simple commands

Glasgow Coma Score: 15

Jones RN, Martha - 03/25/13 23:28 CDT

Past Medical History, Problems, Diagnoses

<u>Diagnoses(Active)</u>

Headache Date: 03/25/2013 , Diagnosis Type: Reason For Visit;

Confirmation: Probable; Clinical Dx: Headache;

Classification: Medical; Clinical Service: Non-Specified,

Code: PNED; Probability: 0; Diagnosis Code: 06FF0E4F-06F3-468C-AF7B-93D8ED1F1B26

Procedure History

Procedure History

Social History

Patient Smoking History: Current everyday smoker

Did the Patient Smoke Cigarettes Anytime During the Past 12 Months Prior to Hospital Arrival? Yes

Jones RN, Martha - 03/25/13 23.28 CDT

Social History

Alcohol: High Risk

(Last Updated: 03/17/12 04:40:38 by Miles RN, April)

Tobacco:

High Risk

(Last Updated: 03/17/12 04:40:45 by Miles RN, April)

Substance Abuse:

Denies Substance Abuse

(Last Updated: 03/17/12 04:41:14 by Miles RN, April)

ED Trauma Registry

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 9 of 17

Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 FIN: 000261336

Admitting: Admit: 03/25/2013

DOB/Age/Sex: 05/12/1990 22 years

Male

Discharge: 03/26/2013

Location: D1SE

Trauma Activation: No

Jones RN, Martha - 03/25/13 23:28 CDT

General

Immunizations Current: Yes Influenza Vaccine Status: Refused Pneumococcal Vaccine Status: Refused

Infectious Diseases: None Languages: English Domestic Concerns: None Suicidal Ideation: None

Jones RN, Martha - 03/25/13 23:28 CDT

Print Date/Time: 04/16/2013 08:22

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS:

PERFORM INFORMATION: SIGN INFORMATION:

ED Patient Education Note 03/26/2013 00:05 Auth (Verified) Jones RN,Martha (03/26/2013 00:05) Jones RN,Martha (03/26/2013 00:05)

ED Patient Education Note

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 10 of 17

Admitting:

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Progress Notes

Document Type: Service Date/Time: Result Status:

Performed Information.
Signed Information:

Progress Nate - Nursing 03/26/2013 00:04 Auth (Verified)

Jones RN,Martha (03/26/2013 00:04) Jones RN,Martha (03/26/2013 00:04)

left prior to being seen by md

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 11 of 17

Print Date/Time: 04/16/2013 08:22

Admitting:

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: C5/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Allergies

Substance Allergy Type Reaction Status Reaction Symptom Reviewed

Date/Time

No Known Allergies Allergy Active 03/17/2012 05:00

Social History

Alcohol (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

Substance Abuse (Denies Substance Abuse - Last Update: 03/17/2012 04:41 by Miles, April)

Tobacco (High Risk - Last Update: 03/17/2012 04:40 by Miles, April)

Case: 4:13-cv-00165-SA-JMV Doc #: 78-7 Filed: 06/30/14 138 of 144 PageID #: 1222

Delta Regional Medical Center

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Admission

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab
Report Request ID: 5227071 Page 13 of 17 Print Date/Time: 04/16/2013 08:22

Patient Name: PRINCE JR, MICHAEL

Date of Birth: 05/12/1990

MRN: M18-84-54 FIN: 000261336

Auth (Verified)

Delta Regional Medical Center

1400 E Union St

GREENVILLE, MS 387045247

Sex: Male

Sex: Male

DOB: 05/12/1990

Age: 22 Years

Religion: Baptist

DOB: 05/12/1990

Age: 22 Years

Religion: Baptist

SSN: 426696731

(662) 378-3783

Patient Information

Patient Name: PRINCE JR, MICHEAL

Home Address: 590 HAMEL ST

GREENVILLE, MS 38703283

Home Phone: (662) 820-9784 Employer Name: Not Employed **Employer Phone:**

SSN: 426696731 **Guarantor Information**

Guarantor Name: PRINCE JR, MICHEAL

Patient's Reitn: SELF

590 HAMEL ST Billing Address:

GREENVILLE, MS 387032831

Billing Phone: (662) 820-9784 **Employer Name:** Not Employed

Employer Phone:

Contact Information

Emergency Contact Contact Name: PRINCE DORA Patient's Reltn: Other Relationship

Sex:

Home Phone: (662) 820-9784

Next of Kin **Contact Name:** Patient's Reltn:

Sex:

Home Phone:

Primary insurance

Subscriber Name: PRINCE JR, MICHEAL

Patient's Reitn: SELF Sex: Male DOB: 05/12/1990

Age: 22 Years Employer Name: Not Employed

Employer Phone: Financial Class: Self Pay Insurance Name: Self Pay

Claim Address:

Insurance Phone: **Policy Number:** Group Number:

Authorization Number: **Authorization Phone: Authorization Contact:**

Subscriber Name:

Patient's Rettn:

Sex: DOB:

0 Days Age: **Employer Name: Employer Phone:** Financial Class:

Secondary Insurance

Encounter Information

Insurance Name: Claim Address:

Insurance Phone: Policy Number: Group Number: **Authorization Number: Authorization Phone:**

Authorization Contact:

Reg Dt/Tm:

Est DI of Arrival: Inpt Adm Dt/Tm: Disch Dt/Tm: Observation Dt/Tm: VIP Indicator: Admit Reason: Headache

03/25/2013 23:16

Patient Type: Emergency Medical Service: Emergency Room Location: DISE Room/Bed: / Isolation: Disease Alert:

Admit Type: Emergency Admit Source:Non-HealthCare Poi Advance Directive: No, info not provi Reg Clerk: Slack, Shirley

Admit Physician:

Attend Physician: ONeal MD, Ellis Hill

PRINCE JR. MICHEAL

MRN: M18-84-54

Male / 22 Years

FIN: 000261336

Printed By: Slack, Shirley on 03/25/2013 23:35 to printer dpemrg01 Registration last updated by: Slack, Shirley on 03/25/2013 23:35

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Measurements

Recorded Date 03/25/2013
Recorded Time 23:24
Recorded By Jones RN,Martha

Procedure Units Reference Range

Height/Length Estimated 167.64 cm Weight Estimated 81.820 kg

Vital Signs

Recorded Date 03/25/2013
Recorded Time 23:24
Recorded By Jones RN,Martha

Procedure		Units	Reference Range
Temperature Oral	36.6	DegC	[35.8-37.3]
Apical Heart Rate	84	bpm	[60-100]
Respiratory Rate	18	br/min	[14-20]
Systolic Blood Pressure	134	mmHg	[90-140]
Diastolic Blood Pressure	71	mmHg	[60-90]

Pain

Pain Assessment

Recorded Date 03/25/2013
Recorded Time 23:24
Recorded By Jones RN,Martha

Procedure Units Reference Range

Pain Symptoms Self Report Yes, able to self report

Primary Pain Location Head Numeric Pain Scale 8 Primary Pain Time Pattern Intermittent Primary Pain Onset Sudden Primary Pain Duration 2-3 Primary Pain Quality Aching Primary Pain Radiation No **Primary Pain Aggravating Factors** None Pain Associated Symptoms None

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071

Page 15 of 17

Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Respiratory

Oxygen Therapy & Oxygenation Information

Recorded Date 03/25/2013 Recorded Time 23:24 Recorded By Jones RN, Martha

Procedure

Units Reference Range

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SpO₂ 100 %

Integumentary

Integumentary Assessment

Recorded Date 03/25/2013 Recorded Time 23:24 Recorded By Jones RN, Martha

Procedure Units Reference Range

Skin Temperature Warm Skin Description Dry

Neurological

Neurological Assessment

Recorded Date 03/25/2013 Recorded Time 23:24 Recorded By Jones RN, Martha

Procedure Units Reference Range

Level of Consciousness Calm and cooperative

Coma Assessment

Recorded Date 03/25/2013 Recorded Time 23:28 Recorded By Jones RN, Martha

Procedure Units Reference Range

Eye Opening Response Glasgow Spontaneously Best Motor Response Glasgow Obeys simple commands Best Verbal Response Glasgow Oriented Glasgow Coma Score 15

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 16 of 17 Print Date/Time: 04/16/2013 08:22

Patient: PRINCE JR, MICHAEL

MRN: M18-84-54 Admitting:

FIN: 000261336 Admit: 03/25/2013 DOB/Age/Sex: 05/12/1990 22 years Male Discharge: 03/26/2013

Location: D1SE

Psychosocial

Suicide Risk Assessment

Recorded Date 03/25/2013
Recorded Time 23:28
Recorded By Jones RN,Martha

Procedure Units Reference Range

Suicidal Ideation None

Psychological Functions

Recorded Date 03/25/2013
Recorded Time 23:24
Recorded By Jones RN, Martha

Procedure Units Reference Range

Affect/Behavior Appropriate, Calm, Cooperative

Orientation Assessment Oriented x 4

LEGEND: a-Abnormal, C-Critical, L-Low, H-High, #-Corrected, R-Result Comment, ^-Interp Data, @-Reference Lab

Report Request ID: 5227071 Page 17 of 17 Print Date/Time: 04/16/2013 08:22

DATE 04/16/20133-cv-0016566AaJMEGTONAL MEDICHEL COS/30 SAFTEND CONTROL NUMBER 27 TIME 08:50:37 AM

1400 E UNION ST

1060291

PATIENT NAME PRINCE JR, MICHEAL

MS 387033246 GREENVILLE

MEDICAL RECORDINATION NUMBER

188454

ASSIGNED TO UELTA

E

BEGINNING DATE OF SERVICE 031712

ENDING DATE OF SERVICE 031712

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0320 0350 0450 0001	PROCEDURE DESCRIPTION XR HAND COMPLETE LEFT CT MAXILLOFACIAL W/O CON 99284 - LEVEL 4 PAGE 1 OF 1 TOTAL	RATES 73130LT	DATE 031712 031712 031712	1	126.00 745.00 795.00 1666.00	

MEDICAL RECORD AUTHORIZATION

Patient Name: Date of Birth:	Michael Prince, Jr. 5/12/90			
	Number: XXX-XX-6731			
1.	I authorize (name of health care provider) I will be following date or time period: through the present date.			
2.	Individual or entity authorized to receive my health information:			
	Derek L. Hall DEREK L. HALL, PLLC 1764 Lelia Drive Jackson, Mississippi 39216 Tel. (601)981-4450 Fax. (601)981-4717			
3.	Purpose for which disclosure is to be made: <u>Litigation</u>			
4.	Information to be disclosed: (check all that apply)*			
	Please send the entire medical record (all information) to the above named recipient.			
	□ Discharge Summary □ History & Physical Exam □ Operative Report □ Emergency Room Report □ Laboratory Report □ Radiology Report □ Pathology Report □ Consultation(s) □ EKG □ Transcribed Hospital Reports □ Clinician Office Chart Notes □ Billing Statements			
	Other:			
*I unde	rstand that this will include health information relating to (check only if applicable):			
	☐ HIV (human Immunodeficiency Virus) Infection ☐ Treatment for alcohol and/or drug abuse ☐ Genetic Testing			
5.	I understand that if the person(s) or entity(ies) that receives the information is not a health care provider or a health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations.			
6.	I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 90 days from the date signed below unless revoked earlier.			
7.	I understand that I may revoke this authorization by notifying, in writing, the Medical Records Department, or similar Records Custodian, knowing that previously disclosed information would not be subject to my revoke request.			
8.	I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.			
Maha	I Bource Jr.			
	ent or Patient's Legal Representative Date			
Michael				
Print Name of Pa	tient or Legal Representative Legal Representative's Relationship to Patient			